

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

ADDRESS (number and street) ▼

1625 L STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00011114

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURA REYES

Signature of Treasurer

LAURA REYES

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		1562032.36
(b) Cash on Hand at Beginning of Reporting Period.....	5954959.87	
(c) Total Receipts (from Line 19)	747867.49	7565171.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6702827.36	9127203.81
7. Total Disbursements (from Line 31)	132560.61	2556937.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6570266.75	6570266.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y
10	/	31	/	2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	84586.41	563133.01
(ii) Unitemized	510417.47	6242831.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	595003.88	6805964.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	595003.88	6805964.98
12. Transfers From Affiliated/Other Party Committees.....	152069.88	746750.43
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	793.73	4956.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	747867.49	7565171.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	747867.49	7565171.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	704.16	25707.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	704.16	25707.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	788807.82
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	131036.45	740036.45
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	1000000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	620.00	2185.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	620.00	2185.67
29. Other Disbursements	200.00	200.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132560.61	2556937.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132560.61	2556937.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	595003.88	6805964.98
34. Total Contribution Refunds (from Line 28(d))	620.00	2185.67
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	594383.88	6803779.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	704.16	25707.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	704.16	25707.12

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEFFREY S. ABBE

Mailing Address P.O. Box 486

City	State	Zip Code
Harold	KY	41635

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1367.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93712

Amount of Each Receipt this Period

73.22

Full Name (Last, First, Middle Initial)

B. JEFFREY S. ABBE

Mailing Address P.O. Box 486

City	State	Zip Code
Harold	KY	41635

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1441.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96000

Amount of Each Receipt this Period

73.22

Full Name (Last, First, Middle Initial)

C. KAREN ABBIATICI

Mailing Address 4602 W. Barlind

City	State	Zip Code
Pittsburgh	PA	15227

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.93995

Amount of Each Receipt this Period

51.14

SUBTOTAL of Receipts This Page (optional)..... ►

197.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AHMID A. ABDULLAH

Mailing Address P.O. Box 241

City

Atlantic City

State

NJ

Zip Code

08404-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 71/LOCAL 2303

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97599

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. ARNOLD D. ABE

Mailing Address P.O. Box 1208

City

Haiku

State

HI

Zip Code

96708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97312

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. JULIE D. ABEL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

Transaction ID : SA11AI.96523

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

113.00

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LYNN M. ACKERSON

Mailing Address P.O. Box 1196

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95279

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CANDACE M. ACORD

Mailing Address 9 Appollo Place

City

Iowa City

State

IA

Zip Code

52240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.18

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.96298

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. CANDACE M. ACORD

Mailing Address 9 Appollo Place

City

Iowa City

State

IA

Zip Code

52240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.85

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.96524

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

93.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 10 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALAN D. ACRI

Mailing Address 400 Hilltop Road

City

Strasburg

State

PA

Zip Code

17579

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 1896

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.93996

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. CORY A. ACTON

Mailing Address 4783 State Route 545

City

Ashland

State

OH

Zip Code

44805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.94938

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CORY A. ACTON

Mailing Address 4783 State Route 545

City

Ashland

State

OH

Zip Code

44805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95280

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAVID ADAM

Mailing Address 468 Hudson Avenue

City

Newark

State

OH

Zip Code

43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.20

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96818

Amount of Each Receipt this Period

34.96

Full Name (Last, First, Middle Initial)

B. DAVID ADAM

Mailing Address 468 Hudson Avenue

City

Newark

State

OH

Zip Code

43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.16

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96910

Amount of Each Receipt this Period

34.96

Full Name (Last, First, Middle Initial)

C. CHARLES C. ADAMS

Mailing Address P.O. Box 1661

City

Mansfield

State

OH

Zip Code

44901

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94939

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.92

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. EMMANUEL ADEOLA</p> <p>Mailing Address 2201 Broadway Street</p> <p>City State Zip Code Oakland CA 94612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 3299/UNIV OF CA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 209.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 23 2015</p> <p>Transaction ID : SA11AI.97923</p> <p>Amount of Each Receipt this Period 19.00</p>		
<p>Full Name (Last, First, Middle Initial) B. JAMES M. ADKINS</p> <p>Mailing Address 21 Herbert Street</p> <p>City State Zip Code Richwood OH 43344</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLUMBER II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 02 2015</p> <p>Transaction ID : SA11AI.95282</p> <p>Amount of Each Receipt this Period 60.00</p>		
<p>Full Name (Last, First, Middle Initial) C. AUDREY AKI</p> <p>Mailing Address 66-370 Paalaa Road</p> <p>City State Zip Code Haleiwa HI 96712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 01 2015</p> <p>Transaction ID : SA11AI.97314</p> <p>Amount of Each Receipt this Period 40.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>119.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 14 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD T AKO

 Mailing Address 888 Mililani Street
 Suite 601

City	State	Zip Code
Honolulu	HI	96813-2991

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97315

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. TIMOTHY L. ALBAO

Mailing Address 1374 Mailani Street

City	State	Zip Code
Hilo	HI	96720

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97316

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. THORNTON P. ALBERG

Mailing Address 615 136th Street E

City	State	Zip Code
Tacoma	WA	98445

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95675

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. THORNTON P. ALBERG</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95811</p>		
<p>Mailing Address 615 136th Street E</p>			<p>Amount of Each Receipt this Period 71.00</p>		
<p>City Tacoma</p>	<p>State WA</p>	<p>Zip Code 98445</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer AFSCME WA CN 28/STATE OF WA</p>		<p>Occupation STAFF REPRESENTATIVE</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 620.00</p>			
<p>Full Name (Last, First, Middle Initial) B. SHIRA Y. ALBERT</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.94220</p>		
<p>Mailing Address 625 N Sycamore Avenue #306</p>			<p>Amount of Each Receipt this Period 20.00</p>		
<p>City Los Angeles</p>	<p>State CA</p>	<p>Zip Code 90036</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer AFSCME CA LOC 1199/COPE</p>		<p>Occupation NURSE</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 220.00</p>			
<p>Full Name (Last, First, Middle Initial) C. SHIRA Y. ALBERT</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2015 Transaction ID : SA11AI.97824</p>		
<p>Mailing Address 625 N Sycamore Avenue #306</p>			<p>Amount of Each Receipt this Period 20.00</p>		
<p>City Los Angeles</p>	<p>State CA</p>	<p>Zip Code 90036</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer AFSCME CA LOC 1199/COPE</p>		<p>Occupation NURSE</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 240.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>71.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 16 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MAUREEN E. ALBIETZ

Mailing Address 34352 Lorain Road

City

North Ridgeville

State

OH

Zip Code

44039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/STRONGSVILLE CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96872

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. MAUREEN E. ALBIETZ

Mailing Address 34352 Lorain Road

City

North Ridgeville

State

OH

Zip Code

44039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/STRONGSVILLE CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96911

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. SUZANNE ALBRIGHT

Mailing Address 32 Harvest Lane

City

West Grove

State

PA

Zip Code

19390

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.93997

Amount of Each Receipt this Period

76.12

SUBTOTAL of Receipts This Page (optional)..... ►

95.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANTHONY W. ALCORN Full Name (Last, First, Middle Initial) Mailing Address 4030 State Route 235 City Fairborn State OH Zip Code 45324 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95283 Amount of Each Receipt this Period 9.00
B. JOSE D ALDRETE Jr. Full Name (Last, First, Middle Initial) Mailing Address 29 Viewpoint Circle City Pomona State CA Zip Code 91766 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.94241 Amount of Each Receipt this Period 10.00
C. JOSE D ALDRETE Jr. Full Name (Last, First, Middle Initial) Mailing Address 29 Viewpoint Circle City Pomona State CA Zip Code 91766 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.94250 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			29.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. SHARON J. ALEXANDER</p> <p>Mailing Address 12510 Chalford Lane</p> <p>City State Zip Code Bowie MD 20715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 779.42</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015</p> <p>Transaction ID : SA11AI.93714</p> <p>Amount of Each Receipt this Period 39.18</p>	
<p>Full Name (Last, First, Middle Initial) B. SHARON J. ALEXANDER</p> <p>Mailing Address 12510 Chalford Lane</p> <p>City State Zip Code Bowie MD 20715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 818.60</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.96002</p> <p>Amount of Each Receipt this Period 39.18</p>	
<p>Full Name (Last, First, Middle Initial) C. ANDREW ALLAN</p> <p>Mailing Address 5138 Tomahawk Trail</p> <p>City State Zip Code Madison WI 53705</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 40/DANE COUNTY STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.97727</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			88.36	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREW ALLAN

Mailing Address 5138 Tomahawk Trail

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.97736

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GERALDINE ALLEN

Mailing Address 2820 31st Street NE

City

Canton

State

OH

Zip Code

44705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LAUNDRY WORKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94941

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GERALDINE ALLEN

Mailing Address 2820 31st Street NE

City

Canton

State

OH

Zip Code

44705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LAUNDRY WORKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95284

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96209

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97524

Amount of Each Receipt this Period

129.00

Full Name (Last, First, Middle Initial)

C. KEVIN ALLEN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95676

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

156.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEVIN ALLEN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95813

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. LAQUITA ALSUM

Mailing Address 1424 N. Pennsylvania Street

City

Indianapolis

State

IN

Zip Code

46202

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IN CN 62

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97618

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. MARTA I. ALVARDO-MOTZMailing Address 1334 Fort Stevens Drive NW
#2

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

TRAVEL AND HOUSING COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

553.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93715

Amount of Each Receipt this Period

27.19

SUBTOTAL of Receipts This Page (optional)..... ►

82.19

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARTA I. ALVARDO-MOTZMailing Address 1334 Fort Stevens Drive NW
#2

City	State	Zip Code
Washington	DC	20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

TRAVEL AND HOUSING COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96003

Amount of Each Receipt this Period

27.19

Full Name (Last, First, Middle Initial)

B. STEVEN E. ALVIENE

Mailing Address 38 Highland Drive

City	State	Zip Code
East Greenbush	NY	12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97985

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. STEVEN E. ALVIENE

Mailing Address 38 Highland Drive

City	State	Zip Code
East Greenbush	NY	12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97997

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

46.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERIC ALVIN

Mailing Address 110 Richland Lane

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97728

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ERIC ALVIN

Mailing Address 110 Richland Lane

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.97737

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RHONDA L. AMBURGEY

Mailing Address 1681 Riverbend Road

City

Columbus

State

OH

Zip Code

43223

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96912

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

40.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. BRENDA AMUNDSON-WOJTON

Mailing Address 165 West Ridge Pike

City State Zip Code
Limerick PA 19468

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME PA CN 13/STATE OF PA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.97402

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)
B. BARBARA ANDERSON

Mailing Address 4301 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME PA CN 13

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.93998

Amount of Each Receipt this Period

60.50

Full Name (Last, First, Middle Initial)
C. CARLOS J. ANDERSON

Mailing Address 237 Gerke Avenue

City State Zip Code
Mansfield OH 44903

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94942

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CARLOS J. ANDERSON Full Name (Last, First, Middle Initial) Mailing Address 237 Gerke Avenue City Mansfield State OH Zip Code 44903 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95285 Amount of Each Receipt this Period 10.00
B. EARLENE ANDERSON Full Name (Last, First, Middle Initial) Mailing Address 2396 Highway 22 W City Muscatine State IA Zip Code 52761 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61 Occupation CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96525 Amount of Each Receipt this Period 50.00
C. JON ANDERSON Full Name (Last, First, Middle Initial) Mailing Address 315 South Park City Springfield State MN Zip Code 56087 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.74		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.97639 Amount of Each Receipt this Period 18.34
SUBTOTAL of Receipts This Page (optional)..... ▶		78.34
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSHUA R. ANDERSON Full Name (Last, First, Middle Initial) Mailing Address 743 Supper Rock City Albuquerque State NM Zip Code 87123 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NM CN 18 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.20			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 15 / 2015 </div> Transaction ID : SA11AI.97589 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 36.52 </div>
B. RUELLA ANDERSON Full Name (Last, First, Middle Initial) Mailing Address 6 Bandera Court City Pueblo State CO Zip Code 81005 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CO CN 76/MEMBER Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> Transaction ID : SA11AI.94175 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 22.00 </div>
C. TIMOTHY T ANDERSON Full Name (Last, First, Middle Initial) Mailing Address 2725 Eldred Court City Apopka State FL Zip Code 32712 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.44			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 15 / 2015 </div> Transaction ID : SA11AI.93716 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 34.76 </div>
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 93.28 </div>
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TIMOTHY T ANDERSON</p> <p>Mailing Address 2725 Eldred Court</p> <p>City State Zip Code Apopka FL 32712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 695.20</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96004</p> <p>Amount of Each Receipt this Period 34.76</p>
<p>Full Name (Last, First, Middle Initial) B. MICHAEL ANDREJCO</p> <p>Mailing Address 5075 Pajabon Drive #201</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.46</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.93999</p> <p>Amount of Each Receipt this Period 76.12</p>
<p>Full Name (Last, First, Middle Initial) C. MICHELLE ANDRIANI</p> <p>Mailing Address 35 Fairway Drive</p> <p>City State Zip Code Wading Drive NY 11792</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME NY LOC 1000/NYS ADMIN. STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 202.02</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.98070</p> <p>Amount of Each Receipt this Period 9.62</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>120.50</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEITH J. ANGEL

Mailing Address 2711 Hafton Road

City State Zip Code
 Columbus OH 43204

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AFSCME OH LOC 11/STATE OF OH

Occupation
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.94605

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. KEITH J. ANGEL

Mailing Address 2711 Hafton Road

City State Zip Code
 Columbus OH 43204

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AFSCME OH LOC 11/STATE OF OH

Occupation
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.94943

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. KEITH J. ANGEL

Mailing Address 2711 Hafton Road

City State Zip Code
 Columbus OH 43204

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AFSCME OH LOC 11/STATE OF OH

Occupation
 CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95286

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

39.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JOHN C. ANTHONY</p> <p>Mailing Address 2591 Bryton Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Powell</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43065</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation NETWORK SERVICES TECHNICIAN</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 240.00 </p>			City Powell	State OH	Zip Code 43065	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN	<p>Date of Receipt 10 / 02 / 2015 Transaction ID : SA11AI.94606 </p> <p>Amount of Each Receipt this Period 12.00 </p>	
City Powell	State OH	Zip Code 43065							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN								
<p>Full Name (Last, First, Middle Initial) B. JOHN C. ANTHONY</p> <p>Mailing Address 2591 Bryton Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Powell</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43065</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation NETWORK SERVICES TECHNICIAN</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 252.00 </p>			City Powell	State OH	Zip Code 43065	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN	<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.94944 </p> <p>Amount of Each Receipt this Period 12.00 </p>	
City Powell	State OH	Zip Code 43065							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN								
<p>Full Name (Last, First, Middle Initial) C. JOHN C. ANTHONY</p> <p>Mailing Address 2591 Bryton Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Powell</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43065</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation NETWORK SERVICES TECHNICIAN</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 264.00 </p>			City Powell	State OH	Zip Code 43065	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN	<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95287 </p> <p>Amount of Each Receipt this Period 12.00 </p>	
City Powell	State OH	Zip Code 43065							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			36.00						
<p>TOTAL This Period (last page this line number only)..... ▶</p>									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JOHN P. APPELDORN</p> <p>Mailing Address 16889 Mahoning Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lake Milton</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 44429</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation MAINTENANCE REPAIR TECH</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 360.00 </p>			City Lake Milton	State OH	Zip Code 44429	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 02 / 2015 </div> <p>Transaction ID : SA11AI.94607</p> <p>Amount of Each Receipt this Period 18.00 </p> </p>	
City Lake Milton	State OH	Zip Code 44429							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH								
<p>Full Name (Last, First, Middle Initial) B. JOHN P. APPELDORN</p> <p>Mailing Address 16889 Mahoning Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lake Milton</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 44429</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation MAINTENANCE REPAIR TECH</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 378.00 </p>			City Lake Milton	State OH	Zip Code 44429	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> <p>Transaction ID : SA11AI.94945</p> <p>Amount of Each Receipt this Period 18.00 </p> </p>	
City Lake Milton	State OH	Zip Code 44429							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH								
<p>Full Name (Last, First, Middle Initial) C. JOHN P. APPELDORN</p> <p>Mailing Address 16889 Mahoning Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lake Milton</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 44429</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation MAINTENANCE REPAIR TECH</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 396.00 </p>			City Lake Milton	State OH	Zip Code 44429	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH	<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> <p>Transaction ID : SA11AI.95288</p> <p>Amount of Each Receipt this Period 18.00 </p> </p>	
City Lake Milton	State OH	Zip Code 44429							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			 54.00 						
<p>TOTAL This Period (last page this line number only)..... ▶</p>			 						

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEPHEN L. ARMSTRONG

Mailing Address 315 South Locust Avenue

City

New Hampton

State

IA

Zip Code

50659

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.96526

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

B. AMY J. ARNOLD

Mailing Address 4434 Cardan Lane

City

Centerburg

State

OH

Zip Code

43011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96913

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GARY W. ARNOLD Sr.

Mailing Address 19122 Carter Road

City

Glouster

State

OH

Zip Code

45732

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97216

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ▶

63.84

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JENNIFER ARNOLD</p> <p>Mailing Address 5868 Broad Blvd.</p> <p>City North Ridgevill State OH Zip Code 44039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94946</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) B. JENNIFER ARNOLD</p> <p>Mailing Address 5868 Broad Blvd.</p> <p>City North Ridgevill State OH Zip Code 44039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95289</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) C. MATTHEW F. ARNOLD</p> <p>Mailing Address 913 Belford Street</p> <p>City Caldwell State OH Zip Code 43724</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN 3</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94194</p> <p>Amount of Each Receipt this Period 30.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			50.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RAYMOND P. ARNOLD

Mailing Address 2201 Broadway Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97924

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

B. EDWARD D. ARNOLDI JR.

Mailing Address 213 Mahogany Street

City	State	Zip Code
Mount Carmel	PA	17851

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97404

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DARYL AROLA

Mailing Address 33828 Indiana Drive

City	State	Zip Code
Grand Rapids	MN	55744

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96677

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)..... ►

67.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 34 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VANESSA ARPIN

Mailing Address 3910 237th Place SW

City	State	Zip Code
Brier	WA	98036

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

JOURNEY ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95817

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. HORTENCIA F. ARRIAGA

Mailing Address 8385 Ira Court

City	State	Zip Code
Riverside	CA	92508

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94214

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. HORTENCIA F. ARRIAGA

Mailing Address 8385 Ira Court

City	State	Zip Code
Riverside	CA	92508

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94221

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HORTENCIA F. ARRIAGA Full Name (Last, First, Middle Initial) Mailing Address 8385 Ira Court City Riverside State CA Zip Code 92508 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 28 / 2015 </div> Transaction ID : SA11AI.97816 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 20.00 </div>	
B. MICHAEL L. ARTZ Full Name (Last, First, Middle Initial) Mailing Address 745 Irving Street NW City Washington State DC Zip Code 20010 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 15 / 2015 </div> Transaction ID : SA11AI.93717 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 54.49 </div>	
C. MICHAEL L. ARTZ Full Name (Last, First, Middle Initial) Mailing Address 745 Irving Street NW City Washington State DC Zip Code 20010 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.96005 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 54.49 </div>	
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 128.98 </div>	
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 36 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAURA M. ASKELIN

Mailing Address 1031 4th Avenue S.E.

 City
 Rochester

 State
 MN

 Zip Code
 55904

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

Transaction ID : SA11AI.96678

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MARIANO G. AVALOS

Mailing Address 8160 Wakefield Avenue

City

Panorama City

State

CA

Zip Code

91402

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93718

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MARIANO G. AVALOS

Mailing Address 8160 Wakefield Avenue

City

Panorama City

State

CA

Zip Code

91402

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96006

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOMINGO AVILA

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95818

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. BASHEERAH A. AZEEZ

Mailing Address 992 Learidge Road

City Lyndhurst State OH Zip Code 44124

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
WORKERS COMP CLAIMS REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94609

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. BASHEERAH A. AZEEZ

Mailing Address 992 Learidge Road

City Lyndhurst State OH Zip Code 44124

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
WORKERS COMP CLAIMS REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94947

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

42.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BASHEERAH A. AZEEZ Full Name (Last, First, Middle Initial) Mailing Address 992 Learidge Road City Lyndhurst State OH Zip Code 44124 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 352.00			Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95290 Amount of Each Receipt this Period 16.00
B. JOSHUA M. BAAL Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.69			Date of Receipt 10 / 02 / 2015 Transaction ID : SA11AI.96339 Amount of Each Receipt this Period 10.41
C. JOSHUA M. BAAL Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.59			Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.96431 Amount of Each Receipt this Period 11.90
SUBTOTAL of Receipts This Page (optional)..... ▶			38.31
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSHUA M. BAAL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.49

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.96527

Amount of Each Receipt this Period

11.90

Full Name (Last, First, Middle Initial)

B. W. JEAN BACKMAN

Mailing Address 1212 Jefferson Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.95819

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. PRISCILLA A. BADUA

Mailing Address P.O. Box 390

City

Hanapepe

State

HI

Zip Code

96716-0390

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2015

Transaction ID : SA11AI.97319

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

111.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOE BAESSLER

Mailing Address 2512 NE 50th

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97525

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. DAWN M. BAILEY

Mailing Address 4060 LaPlante Road

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

565.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97217

Amount of Each Receipt this Period

57.28

Full Name (Last, First, Middle Initial)

C. JOSEF R. BAILEY

Mailing Address 1709 D Street

City

Lynden

State

WA

Zip Code

98264

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95678

Amount of Each Receipt this Period

11.50

SUBTOTAL of Receipts This Page (optional)..... ►

148.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. KAREN S. BAILEY</p> <p>Mailing Address 1277 Circle 182</p> <p>City State Zip Code Kitts Hill OH 45645</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 434.80</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.96820</p> <p>Amount of Each Receipt this Period 19.24</p>		
<p>Full Name (Last, First, Middle Initial) B. KAREN S. BAILEY</p> <p>Mailing Address 1277 Circle 182</p> <p>City State Zip Code Kitts Hill OH 45645</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 454.04</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015</p> <p>Transaction ID : SA11AI.96914</p> <p>Amount of Each Receipt this Period 19.24</p>		
<p>Full Name (Last, First, Middle Initial) C. JOYCE A. BAIRD</p> <p>Mailing Address 138 N Oak Street</p> <p>City State Zip Code London OH 43140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.94948</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>48.48</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOYCE A. BAIRD

Mailing Address 138 N Oak Street

City

London

State

OH

Zip Code

43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95291

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SANDRA J BAKER

Mailing Address 2927 Euclid Avenue

City

Des Moines

State

IA

Zip Code

50310

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96528

Amount of Each Receipt this Period

9.36

Full Name (Last, First, Middle Initial)

C. ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.94297

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

69.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 43 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.94298

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MATTHEW BALAS

Mailing Address 307 Adams Street

City

Freeland

State

PA

Zip Code

18224

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

603.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94000

Amount of Each Receipt this Period

64.66

Full Name (Last, First, Middle Initial)

C. GRACE A. BALTICH

Mailing Address 11711 Douglas Drive N

City

Champlin

State

MN

Zip Code

55316

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

459.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.97799

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

134.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GRACE A. BALTICH

Mailing Address 11711 Douglas Drive N

City	State	Zip Code
Champlin	MN	55316

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.94190

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

B. MATTHEW M. BANAL

Mailing Address 5424 Olde Vintage Drive

City	State	Zip Code
Hilliard	OH	43026

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.96821

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

C. MATTHEW M. BANAL

Mailing Address 5424 Olde Vintage Drive

City	State	Zip Code
Hilliard	OH	43026

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96915

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

125.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL BANDY

Mailing Address 188 N Hayden Bay Drive

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

BUILDING SYSTEMS CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.97526

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. GINA M. BANKS

Mailing Address 1911 Overlook Ridge Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94611

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. GINA M. BANKS

Mailing Address 1911 Overlook Ridge Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94949

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

72.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GINA M. BANKS

Mailing Address 1911 Overlook Ridge Drive

City State Zip Code
Columbus OH 43219

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95292

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. ELAINE BARBER

Mailing Address 1826 Forster Street

City State Zip Code
Harrisburg PA 17103

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.62

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94001

Amount of Each Receipt this Period

58.92

Full Name (Last, First, Middle Initial)

C. JON L. BARKALOW

Mailing Address 3203 Poplar Street SW

City State Zip Code
Bondurant IA 50035

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96341

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

84.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JON L. BARKALOW

Mailing Address 3203 Poplar Street SW

City

Bondurant

State

IA

Zip Code

50035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96433

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. JON L. BARKALOW

Mailing Address 3203 Poplar Street SW

City

Bondurant

State

IA

Zip Code

50035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96529

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. SUSAN BARKULIS

Mailing Address 10004 East 34 Street S.

City

Independence

State

MO

Zip Code

64052

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

930.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93722

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)..... ►

83.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN BARKULIS

Mailing Address 10004 East 34 Street S.

City

Independence

State

MO

Zip Code

64052

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

993.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96009

Amount of Each Receipt this Period

63.00

Full Name (Last, First, Middle Initial)

B. TERRI L. BARNARDMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95679

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. TERRI L. BARNARDMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.95821

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAREN BARNES

Mailing Address 122 Forest Ridge Place

City	State	Zip Code
Columbus	OH	43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96916

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RENEE BARNES

Mailing Address 6905 Bankrun Terrace

City	State	Zip Code
District Heights	MD	20747

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93723

Amount of Each Receipt this Period

25.63

Full Name (Last, First, Middle Initial)

C. RENEE BARNES

Mailing Address 6905 Bankrun Terrace

City	State	Zip Code
District Heights	MD	20747

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96010

Amount of Each Receipt this Period

25.63

SUBTOTAL of Receipts This Page (optional)..... ▶

61.26

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JULIE BARNETT

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.20

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.94002

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

B. MICHAEL BARRIOS

Mailing Address 514 Shatto Place

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 36/LOCAL 685

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 21 / 2015

Transaction ID : SA11AI.94155

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DANA BARTHOLOMEW

Mailing Address 1812 Centre Creek Drive
#310

City

Austin

State

TX

Zip Code

78754

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 21 / 2015

Transaction ID : SA11AI.97579

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

101.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. RANDY E. BARTON</p> <p>Mailing Address 825 SE Cortina Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Ankeny</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 50021</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 208.20 </p>			City Ankeny	State IA	Zip Code 50021	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt 10 / 02 / 2015 Transaction ID : SA11AI.96342 </p> <p>Amount of Each Receipt this Period 10.41 </p>	
City Ankeny	State IA	Zip Code 50021							
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) B. RANDY E. BARTON</p> <p>Mailing Address 825 SE Cortina Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Ankeny</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 50021</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 218.61 </p>			City Ankeny	State IA	Zip Code 50021	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.96434 </p> <p>Amount of Each Receipt this Period 10.41 </p>	
City Ankeny	State IA	Zip Code 50021							
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) C. RANDY E. BARTON</p> <p>Mailing Address 825 SE Cortina Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Ankeny</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 50021</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 229.02 </p>			City Ankeny	State IA	Zip Code 50021	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt 10 / 29 / 2015 Transaction ID : SA11AI.96532 </p> <p>Amount of Each Receipt this Period 10.41 </p>	
City Ankeny	State IA	Zip Code 50021							
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			31.23						
<p>TOTAL This Period (last page this line number only)..... ▶</p>									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NANCY E. BARTTER

Mailing Address 888 Mililani Street
Suite 601

City State Zip Code
Honolulu HI 96813-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.97320

Amount of Each Receipt this Period

34.62

Full Name (Last, First, Middle Initial)

B. DEBRA J. BASHAM

Mailing Address 5378 Cherry Creek Parkway N.

City State Zip Code
Columbus OH 43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/BATH LSD

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.96917

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

C. KRISTINA BAS HAMILTON

Mailing Address 4855 Seminole Drive

City State Zip Code
San Diego CA 92115

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.97883

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARLOS D. BASS

Mailing Address 393 Irwin

City

Pontiac

State

MI

Zip Code

48341

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/LOCAL 1820

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97038

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. CARLOS D. BASS

Mailing Address 393 Irwin

City

Pontiac

State

MI

Zip Code

48341

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/LOCAL 1820

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97116

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

C. FATIMA A BASTIANELLI

Mailing Address 5604 Vernon Place

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION POLLING ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

814.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93725

Amount of Each Receipt this Period

42.85

SUBTOTAL of Receipts This Page (optional)..... ►

63.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. FATIMA A BASTIANELLI			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96012		
Mailing Address 5604 Vernon Place			Amount of Each Receipt this Period 42.85		
City Bethesda	State MD	Zip Code 20817			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION POLLING ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 857.00			
Full Name (Last, First, Middle Initial) B. MICHAEL BATCHELDER			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97219		
Mailing Address 56 W. Dodridge Street			Amount of Each Receipt this Period 66.12		
City Columbus	State OH	Zip Code 43202			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 590.48			
Full Name (Last, First, Middle Initial) C. LINDA BATES			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93726		
Mailing Address 1510 Walnut Street			Amount of Each Receipt this Period 40.72		
City Woodbridge	State VA	Zip Code 22191			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 754.32			
SUBTOTAL of Receipts This Page (optional)..... ▶			149.69		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LINDA BATES

Mailing Address 1510 Walnut Street

City State Zip Code
 Woodbridge VA 22191

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96013

Amount of Each Receipt this Period

40.72

Full Name (Last, First, Middle Initial)

B. STEVEN A. BAUER

Mailing Address 632 Walnut Drive N

City State Zip Code
 Mansfield OH 44904

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.94950

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. STEVEN A. BAUER

Mailing Address 632 Walnut Drive N

City State Zip Code
 Mansfield OH 44904

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95293

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JUSTIN J. BAUR

Mailing Address 506 Berkshire Court

City

Huron

State

OH

Zip Code

44839

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HOSPITAL AIDE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95294

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

998.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93687

Amount of Each Receipt this Period

99.84

Full Name (Last, First, Middle Initial)

C. DELORES A. BEASLEY

Mailing Address 4214 Nevada Avenue

City

Dayton

State

OH

Zip Code

45416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94952

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

119.84

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DELORES A. BEASLEY

Mailing Address 4214 Nevada Avenue

City	State	Zip Code
Dayton	OH	45416

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95295

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. VERONICA L. BEAVIN

Mailing Address 10205 Bluff Springs Trace

City	State	Zip Code
Louisville	KY	40223

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1222.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SA11AI.98010

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. VERONICA L. BEAVIN

Mailing Address 10205 Bluff Springs Trace

City	State	Zip Code
Louisville	KY	40223

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93727

Amount of Each Receipt this Period

77.80

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VERONICA L. BEAVIN

Mailing Address 10205 Bluff Springs Trace

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1377.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.96014

Amount of Each Receipt this Period

77.80

Full Name (Last, First, Middle Initial)

B. KATHY BECKMAN

Mailing Address 108 N 28th Avenue West

City

Duluth

State

MN

Zip Code

55806

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65/LOCAL 105

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.97800

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. KATHY BECKMAN

Mailing Address 108 N 28th Avenue West

City

Duluth

State

MN

Zip Code

55806

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65/LOCAL 105

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.97801

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

127.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHY BECKMAN

Mailing Address 108 N 28th Avenue West

City

Duluth

State

MN

Zip Code

55806

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65/LOCAL 105

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.97802

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DANIEL J. BEDNAR

Mailing Address 1307 S 28th Street

City

Fort Dodge

State

IA

Zip Code

50501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96343

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. DANIEL J. BEDNAR

Mailing Address 1307 S 28th Street

City

Fort Dodge

State

IA

Zip Code

50501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96435

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

45.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 60 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANIEL J. BEDNAR

Mailing Address 1307 S 28th Street

City

Fort Dodge

State

IA

Zip Code

50501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96533

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MICHAEL BEGATTO

Mailing Address 301 Hedgerow Lane

City

Wilmington

State

DE

Zip Code

19807

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

929.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97633

Amount of Each Receipt this Period

94.24

Full Name (Last, First, Middle Initial)

C. COURTNEY R. BELCHER

Mailing Address 1928 Billingsley Road

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96918

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

114.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TURNEIKEIO E. BELCHER</p> <p>Mailing Address 304 Chatterly Lane</p> <p>City State Zip Code Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.94614</p> <p>Amount of Each Receipt this Period 11.00</p>	
<p>Full Name (Last, First, Middle Initial) B. TURNEIKEIO E. BELCHER</p> <p>Mailing Address 304 Chatterly Lane</p> <p>City State Zip Code Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 231.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.94953</p> <p>Amount of Each Receipt this Period 11.00</p>	
<p>Full Name (Last, First, Middle Initial) C. TURNEIKEIO E. BELCHER</p> <p>Mailing Address 304 Chatterly Lane</p> <p>City State Zip Code Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 242.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95296</p> <p>Amount of Each Receipt this Period 11.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>33.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARILYN A. BELL

Mailing Address 4714 38th Avenue S.

City
MinneapolisState Zip Code
MN 55406FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME MN CN 5/HENNEPIN COUNTYOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96681

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SABRINA S. BELL

Mailing Address 23787 US Route 30

City
MinervaState Zip Code
OH 44657FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OHOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94954

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SABRINA S. BELL

Mailing Address 23787 US Route 30

City
MinervaState Zip Code
OH 44657FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OHOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95297

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JAMES R. BENEDICT</p> <p>Mailing Address 6576 Hilmar Court</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 605.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.94616</p> <p>Amount of Each Receipt this Period 35.00</p>	
<p>Full Name (Last, First, Middle Initial) B. JAMES R. BENEDICT</p> <p>Mailing Address 6576 Hilmar Court</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 640.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.94955</p> <p>Amount of Each Receipt this Period 35.00</p>	
<p>Full Name (Last, First, Middle Initial) C. JAMES R. BENEDICT</p> <p>Mailing Address 6576 Hilmar Court</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 675.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95298</p> <p>Amount of Each Receipt this Period 35.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			105.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES BENN

Mailing Address 141 Eddington Avenue

City

Harrisburg

State

PA

Zip Code

17111-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.94003

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

B. PETER J. BENNER

Mailing Address 7650 Cahill Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			01			2015					

Transaction ID : SA11AI.93688

Amount of Each Receipt this Period

47.32

Full Name (Last, First, Middle Initial)

C. STACEY D. BENSON-TAYLOR

Mailing Address 241 Brooklyn Avenue

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2015					

Transaction ID : SA11AI.97220

Amount of Each Receipt this Period

65.14

SUBTOTAL of Receipts This Page (optional)..... ►

133.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. STACEY D. BENSON-TAYLOR</p> <p>Mailing Address 241 Brooklyn Avenue</p> <p>City State Zip Code Dayton OH 45417</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 678.80</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015</p> <p>Transaction ID : SA11AI.98011</p> <p>Amount of Each Receipt this Period 30.00</p>	
<p>Full Name (Last, First, Middle Initial) B. BRENDA L BENTON</p> <p>Mailing Address 4406 E. Mound Street</p> <p>City State Zip Code Columbus OH 43227</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 512.05</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015</p> <p>Transaction ID : SA11AI.93728</p> <p>Amount of Each Receipt this Period 26.95</p>	
<p>Full Name (Last, First, Middle Initial) C. BRENDA L BENTON</p> <p>Mailing Address 4406 E. Mound Street</p> <p>City State Zip Code Columbus OH 43227</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 539.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.96015</p> <p>Amount of Each Receipt this Period 26.95</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>83.90</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JACOB D. BERCHTOLD

Mailing Address 9805 Rich Road

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MASON CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96873

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. JACOB D. BERCHTOLD

Mailing Address 9805 Rich Road

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MASON CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96919

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. MARK BERNARD

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94259

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

139.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 67 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GINGER K. BERNETHY
 Mailing Address 1212 Jefferson St., SE
 Suite 300

City	State	Zip Code
Olympia	WA	98501

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95680

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. GINGER K. BERNETHY
 Mailing Address 1212 Jefferson St., SE
 Suite 300

City	State	Zip Code
Olympia	WA	98501

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95822

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. PATRICIA A. BERRY

Mailing Address 1658 Rainbow Park

City	State	Zip Code
Columbus	OH	43206

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94956

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICIA A. BERRY

Mailing Address 1658 Rainbow Park

City State Zip Code
Columbus OH 43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95299

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH BETTENCOURT

Mailing Address 2452 WHITETHORNE DRIVE

City State Zip Code
SAN JOSE CA 95128

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 57

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.97861

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH BETTENCOURT

Mailing Address 2452 WHITETHORNE DRIVE

City State Zip Code
SAN JOSE CA 95128

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 57

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.97863

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHIRIN BIDEL-NIYATMailing Address 1330 New Hampshire Avenue NW
#403

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL FIELD MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93729

Amount of Each Receipt this Period

41.78

Full Name (Last, First, Middle Initial)

B. SHIRIN BIDEL-NIYATMailing Address 1330 New Hampshire Avenue NW
#403

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL FIELD MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96016

Amount of Each Receipt this Period

41.78

Full Name (Last, First, Middle Initial)

C. ALFRED L. BIERBRODT JR.Mailing Address 307 Huber Street
Apt. A

City	State	Zip Code
Anamosa	IA	52205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/MBR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94179

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

113.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBORAH K. BINDAS

Mailing Address 901 North Road S.E.

City	State	Zip Code
Niles	OH	44446

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97160

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. DEBORAH K. BINDAS

Mailing Address 901 North Road S.E.

City	State	Zip Code
Niles	OH	44446

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.97221

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. TIMOTHY D. BIRCH
Mailing Address 590 Middle Street
Apt. 603

City	State	Zip Code
Weymouth	MA	02189-0000

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

INT'L UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93730

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIMOTHY D. BIRCH Full Name (Last, First, Middle Initial) Mailing Address 590 Middle Street Apt. 603 City Weymouth State MA Zip Code 02189-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation INT'L UNION REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 794.20		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96017 Amount of Each Receipt this Period 39.92
B. JOANNE BIRD Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson Street SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.50		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95681 Amount of Each Receipt this Period 11.50
C. JOANNE BIRD Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson Street SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95823 Amount of Each Receipt this Period 11.50
SUBTOTAL of Receipts This Page (optional)..... ▶		62.92
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. CHRISTINE C. BISCHOFF</p> <p>Mailing Address 1825 Maple Avenue</p> <p>City Peekskill State NY Zip Code 10566</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 384.80</p>			<p>Date of Receipt 10 / 01 / 2015 Transaction ID : SA11AI.97980 </p> <p>Amount of Each Receipt this Period 19.24 </p>	
<p>Full Name (Last, First, Middle Initial) B. CHRISTINE C. BISCHOFF</p> <p>Mailing Address 1825 Maple Avenue</p> <p>City Peekskill State NY Zip Code 10566</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 404.04</p>			<p>Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.97986 </p> <p>Amount of Each Receipt this Period 19.24 </p>	
<p>Full Name (Last, First, Middle Initial) C. CHRISTINE C. BISCHOFF</p> <p>Mailing Address 1825 Maple Avenue</p> <p>City Peekskill State NY Zip Code 10566</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 423.28</p>			<p>Date of Receipt 10 / 29 / 2015 Transaction ID : SA11AI.97998 </p> <p>Amount of Each Receipt this Period 19.24 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			57.72	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 73 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAUL BISSEN

Mailing Address 1906 Bear Court SE

 City
 Rochester

 State
 MN

 Zip Code
 55904

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.96682

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. WALTER BLAIR

Mailing Address 2223 Wintergreen Avenue

 City
 District Heights

 State
 MD

 Zip Code
 20747

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.92

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93731

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

C. WALTER BLAIR

Mailing Address 2223 Wintergreen Avenue

 City
 District Heights

 State
 MD

 Zip Code
 20747

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.72

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96018

Amount of Each Receipt this Period

46.80

SUBTOTAL of Receipts This Page (optional)..... ►

153.60

TOTAL This Period (last page this line number only)..... ►

153.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JANE ANN BLAKESLEY Full Name (Last, First, Middle Initial) Mailing Address 2179 Shoreham Road City State Zip Code Upper Arlington OH 43220 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96824 Amount of Each Receipt this Period 40.00		
B. JANE ANN BLAKESLEY Full Name (Last, First, Middle Initial) Mailing Address 2179 Shoreham Road City State Zip Code Upper Arlington OH 43220 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 890.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96920 Amount of Each Receipt this Period 40.00		
C. LAURA J. BLANKENSHIP Full Name (Last, First, Middle Initial) Mailing Address 470 Glenmar Road City State Zip Code Glen Burnie MD 21061 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME MD CN 982/DPSCS CORRECTIONAL OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.97614 Amount of Each Receipt this Period 20.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			100.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GORDON BLAQUIERE

Mailing Address 8 Beacon Street

City
BostonState
MAZip Code
02108-0000FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SA11AI.94260

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RONALD F. BLATTMailing Address 2202 S. Racoon Road
Apt. 4

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.96825

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

C. RONALD F. BLATTMailing Address 2202 S. Racoon Road
Apt. 4

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.96921

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

176.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LISA A. BLEVINS

Mailing Address 11907 Tarragon Road

#G

City

Reisterstown

State

MD

Zip Code

21136

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

729.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93732

Amount of Each Receipt this Period

39.18

Full Name (Last, First, Middle Initial)

B. LISA A. BLEVINS

Mailing Address 11907 Tarragon Road

#G

City

Reisterstown

State

MD

Zip Code

21136

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

768.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96019

Amount of Each Receipt this Period

39.18

Full Name (Last, First, Middle Initial)

C. KAREN BLOOMINGDALE

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

743.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94005

Amount of Each Receipt this Period

75.18

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW S. BLUMIN Full Name (Last, First, Middle Initial) Mailing Address 1336 Taylor Street NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2139.91			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93733 Amount of Each Receipt this Period 114.44
B. MATTHEW S. BLUMIN Full Name (Last, First, Middle Initial) Mailing Address 1336 Taylor Street NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2254.35			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96020 Amount of Each Receipt this Period 114.44
C. DAVID L. BLYTH Full Name (Last, First, Middle Initial) Mailing Address 1656 Gilbert Road City Toledo State OH Zip Code 43614 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 624.30			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97222 Amount of Each Receipt this Period 63.56
SUBTOTAL of Receipts This Page (optional)..... ▶			292.44
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CINDY L. BOBBITT

Mailing Address 2958 Pleasant Drive NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICES REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94957

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CINDY L. BOBBITT

Mailing Address 2958 Pleasant Drive NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICES REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95300

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOYCE C. BOBO

Mailing Address 5745 Hamill Road

City

Albany

State

OH

Zip Code

45710

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96922

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREW P. BOCK

Mailing Address P.O. Box 1111

City

Ames

State

IA

Zip Code

50014

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/LOCAL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		13		2015

Transaction ID : SA11AI.97953

Amount of Each Receipt this Period

21.19

Full Name (Last, First, Middle Initial)

B. STEPHEN BODOH

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95682

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. STEPHEN BODOH

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95824

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

161.19

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THOMAS J. BOIK

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

497.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.96685

Amount of Each Receipt this Period

49.84

Full Name (Last, First, Middle Initial)

B. KAHIM BOLES

Mailing Address 1003 S Frazier Street

City

Philadelphia

State

PA

Zip Code

19143

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 47/LOCAL 2187

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.97582

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KAHIM BOLES

Mailing Address 1003 S Frazier Street

City

Philadelphia

State

PA

Zip Code

19143

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 47/LOCAL 2187

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.97583

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

69.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAHIM BOLES

Mailing Address 1003 S Frazier Street

City

Philadelphia

State

PA

Zip Code

19143

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 47/LOCAL 2187

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.96210

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. LYNDAL BOLIN

Mailing Address 8 Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.80

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.96827

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. LYNDAL BOLIN

Mailing Address 8 Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.04

Date of Receipt

10 / 22 / 2015

Transaction ID : SA11AI.96923

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

52.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY F. BOLIN

Mailing Address 1092 Shinkle Ridge Road

City	State	Zip Code
Georgetown	OH	45121

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HOSPITAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94958

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MARY F. BOLIN

Mailing Address 1092 Shinkle Ridge Road

City	State	Zip Code
Georgetown	OH	45121

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HOSPITAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95301

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRUCE BOND

Mailing Address 86 Parkwood Blvd.

City	State	Zip Code
Mansfield	OH	44906

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94620

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRUCE BOND

Mailing Address 86 Parkwood Blvd.

City

Mansfield

State

OH

Zip Code

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.94959

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BRUCE BOND

Mailing Address 86 Parkwood Blvd.

City

Mansfield

State

OH

Zip Code

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95302

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CATHERINE J. BOND

Mailing Address 48048 Sarahsville Road

City

Caldwell

State

OH

Zip Code

43724

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LIBRARY ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.94621

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 84 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CATHERINE J. BOND

Mailing Address 48048 Sarahsville Road

City

Caldwell

State

OH

Zip Code

43724

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LIBRARY ASSISTANT II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94960

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. CATHERINE J. BOND

Mailing Address 48048 Sarahsville Road

City

Caldwell

State

OH

Zip Code

43724

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LIBRARY ASSISTANT II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

493.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95303

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DAVID W. BOND

Mailing Address 831 Dream Drive

City

Mansfield

State

OH

Zip Code

44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94961

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAVID W. BOND

Mailing Address 831 Dream Drive

City State Zip Code
Mansfield OH 44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95304

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DEBRA BOND

Mailing Address 1295 Mariuon Road

City State Zip Code
Rochester MN 55904-5780

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.96686

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. REBECCA G. BOONE

Mailing Address 10649 Smoky Row Road

City State Zip Code
Georgetown OH 45121

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94962

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REBECCA G. BOONE

Mailing Address 10649 Smoky Row Road

City

Georgetown

State

OH

Zip Code

45121

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95305

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHAKEEM V. BOONE

Mailing Address 5204 4th Street NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF SPECIALIST I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

679.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93734

Amount of Each Receipt this Period

36.42

Full Name (Last, First, Middle Initial)

C. SHAKEEM V. BOONE

Mailing Address 5204 4th Street NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF SPECIALIST I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

715.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96021

Amount of Each Receipt this Period

36.69

SUBTOTAL of Receipts This Page (optional)..... ▶

83.11

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3777.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93735

Amount of Each Receipt this Period

198.83

Full Name (Last, First, Middle Initial)

B. PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3976.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96022

Amount of Each Receipt this Period

198.83

Full Name (Last, First, Middle Initial)

C. MATHEW A. BORDERS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96344

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

408.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATHEW A. BORDERS

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96436

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MATHEW A. BORDERS

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96535

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. JOANNE M. BOVEE

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96345

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOANNE M. BOVEE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96437

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. JOANNE M. BOVEE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96536

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. CASEY BOWE

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94006

Amount of Each Receipt this Period

48.68

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

69.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 90 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RYAN BOWE

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94007

Amount of Each Receipt this Period

34.20

Full Name (Last, First, Middle Initial)

B. SHARON A. BOWERS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96346

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. SHARON A. BOWERS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96438

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

55.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. SHARON A. BOWERS</p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City State Zip Code Des Moines IA 50313</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.02</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96537</p> <p>Amount of Each Receipt this Period 10.41</p>	
<p>Full Name (Last, First, Middle Initial) B. JUDITH A. BOWMAN</p> <p>Mailing Address 2969 Brush Road</p> <p>City State Zip Code Richfield OH 44286</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ENVIRONMENTAL SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94963</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. JUDITH A. BOWMAN</p> <p>Mailing Address 2969 Brush Road</p> <p>City State Zip Code Richfield OH 44286</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ENVIRONMENTAL SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95306</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>30.41</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHY J. BOWMAN Full Name (Last, First, Middle Initial) Mailing Address 1417 E Farwell Street City Sandusky State OH Zip Code 44870 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COOK I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94964 Amount of Each Receipt this Period 10.00
B. KATHY J. BOWMAN Full Name (Last, First, Middle Initial) Mailing Address 1417 E Farwell Street City Sandusky State OH Zip Code 44870 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COOK I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95307 Amount of Each Receipt this Period 10.00
C. JACQUELINE M. BOWMAN-PORTER Full Name (Last, First, Middle Initial) Mailing Address 345 4th Avenue Apt. 6A1 City Pittsburgh State PA Zip Code 15222 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/NSP/LOCAL 2924 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94008 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)..... ▶		70.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERIC R. BOYD

Mailing Address 118 East Walnut Street

City State Zip Code
Westerville OH 43801

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.32

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11AI.97223

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

B. DENISE L. BOYER

Mailing Address P.O. Box 88

City State Zip Code
Monroeton PA 18832

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 3896

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94009

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. THERESA M. BOYER

Mailing Address 1046 Elmwood Drive

City State Zip Code
Pottstown PA 19464

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.97409

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.70

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROL L. BOYES

Mailing Address 8401 Claude Thomas Road
Suite 19

City State Zip Code
Franklin OH 45005

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.97962

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRUCE J. BOYLE

Mailing Address 4132 Bellwood Drive SE

City State Zip Code
Warren OH 44484

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94965

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRUCE J. BOYLE

Mailing Address 4132 Bellwood Drive SE

City State Zip Code
Warren OH 44484

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95308

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MELVIN BRABSON

Mailing Address 5510 Chalmers

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.54

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97048

Amount of Each Receipt this Period

28.10

Full Name (Last, First, Middle Initial)

B. MELVIN BRABSON

Mailing Address 5510 Chalmers

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.64

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97083

Amount of Each Receipt this Period

28.10

Full Name (Last, First, Middle Initial)

C. MELVIN BRABSON

Mailing Address 5510 Chalmers

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.74

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97117

Amount of Each Receipt this Period

28.10

SUBTOTAL of Receipts This Page (optional)..... ►

84.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREA BRACHTER

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94010

Amount of Each Receipt this Period

46.22

Full Name (Last, First, Middle Initial)

B. YOLANDA D. BRACKEN

Mailing Address 5408 Ashberry Village Court

City

Columbus

State

OH

Zip Code

43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94627

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. YOLANDA D. BRACKEN

Mailing Address 5408 Ashberry Village Court

City

Columbus

State

OH

Zip Code

43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.94966

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

68.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. YOLANDA D. BRACKEN

Mailing Address 5408 Ashberry Village Court

City State Zip Code
 Columbus OH 43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95309

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. RYAN L. BRAGLIN

Mailing Address 6800 N High Street

City State Zip Code
 Worthington OH 43085-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.41

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.97224

Amount of Each Receipt this Period

43.92

Full Name (Last, First, Middle Initial)

C. CHRISTINE M. BRANCHAW

Mailing Address 2223 NE Davis Street

City State Zip Code
 Portland OR 97232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

CARPENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97527

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TALISHIA R. BRANDAO</p> <p>Mailing Address 155 Market Street</p> <p>City Highspire State PA Zip Code 17034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.97410 </p> <p>Amount of Each Receipt this Period 50.00 </p>		
<p>Full Name (Last, First, Middle Initial) B. JOHN BRANDSBERG</p> <p>Mailing Address 2033 SE 177th Avenue</p> <p>City Portland State OR Zip Code 97233</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OR CN 75/STATE OF OR Occupation HAZARDOUS WASTE TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 205.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.97531 </p> <p>Amount of Each Receipt this Period 20.00 </p>		
<p>Full Name (Last, First, Middle Initial) C. MARY BRANDT</p> <p>Mailing Address 738 Square St</p> <p>City Mount Joy State PA Zip Code 17552</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME PA CN 13 Occupation PRESS OPERATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 252.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.97512 </p> <p>Amount of Each Receipt this Period 24.00 </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			94.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOANNE BRANNOCK

Mailing Address 85 Hancock Drive

City	State	Zip Code
Glenmont	NY	12077

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS ADMIN.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.98073

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. LISA J. BRANSTOOL

Mailing Address 944 McCarrick Court

City	State	Zip Code
Reynoldsburg	OH	43068

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UTILITY SPECIALIST III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.94967

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LISA J. BRANSTOOL

Mailing Address 944 McCarrick Court

City	State	Zip Code
Reynoldsburg	OH	43068

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UTILITY SPECIALIST III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95310

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

29.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. NIKKI BRAYMAN</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 09 / 2015</div> </div> Transaction ID : SA11AI.95683 </p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 15.00 </div> </p>	
<p>Full Name (Last, First, Middle Initial) B. NIKKI BRAYMAN</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 26 / 2015</div> </div> Transaction ID : SA11AI.95825 </p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 15.00 </div> </p>	
<p>Full Name (Last, First, Middle Initial) C. JOHN P. BRAYSHAW</p> <p>Mailing Address 259 Washington Avenue</p> <p>City London State OH Zip Code 43140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 16 / 2015</div> </div> Transaction ID : SA11AI.94968 </p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div> </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 40.00 </div>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JOHN P. BRAYSHAW</p> <p>Mailing Address 259 Washington Avenue</p> <p>City State Zip Code London OH 43140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95311</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. ERIC B. BREAU</p> <p>Mailing Address 90 Glen Road</p> <p>City State Zip Code Cheshire CT 06410-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CT CN 4/STATE OF CT STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 352.80</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97691</p> <p>Amount of Each Receipt this Period 16.80</p>	
<p>Full Name (Last, First, Middle Initial) C. ERIC B. BREAU</p> <p>Mailing Address 90 Glen Road</p> <p>City State Zip Code Cheshire CT 06410-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CT CN 4/STATE OF CT STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 369.60</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2015 Transaction ID : SA11AI.97692</p> <p>Amount of Each Receipt this Period 16.80</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>43.60</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK J. BREITSPRECHER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96347

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MARK J. BREITSPRECHER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96439

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. MARK J. BREITSPRECHER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96538

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

31.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WILLIAM BRENNER			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94011	
Mailing Address 3300 Old Trail Road			Amount of Each Receipt this Period 103.18	
City York Haven	State PA	Zip Code 17370		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1021.02			

Full Name (Last, First, Middle Initial) B. RONALD BRIGGS			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.94295	
Mailing Address 17 Third Street			Amount of Each Receipt this Period 250.00	
City Gloversville	State NY	Zip Code 12078		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME NY LOC 1000/FULTON CNTY	Occupation PROBATION OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. KAREN L. BRIGHT			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.98035	
Mailing Address P.O. Box 78			Amount of Each Receipt this Period 187.56	
City Wampsville	State NY	Zip Code 13163		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME NY LOC 1000/NYS ADMIN.	Occupation SOCIAL WELFARE EXAMINER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.12			

SUBTOTAL of Receipts This Page (optional)..... ►

540.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAREN L. BRIGHT

Mailing Address P.O. Box 78

City

Wampsville

State

NY

Zip Code

13163

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS ADMIN.

Occupation

SOCIAL WELFARE EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.94193

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

B. ROBERT BRISTOL

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.95684

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ROBERT BRISTOL

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	6		2	0	1	5		

Transaction ID : SA11AI.95827

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BILL BROCKMILLER

Mailing Address 1418 10th Street
#204

City State Zip Code
Lacrosse WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.94300

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. BILL BROCKMILLER

Mailing Address 1418 10th Street
#204

City State Zip Code
Lacrosse WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.94301

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. MATTHEW BROKMAN

Mailing Address 120 Dwight Street
#606

City State Zip Code
New Haven CT 06511-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.66

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.97676

Amount of Each Receipt this Period

58.92

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

178.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 106 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREA M. BROWN

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/METROHEALTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97161

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. ANDREA M. BROWN

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/METROHEALTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97225

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. BETSY L. BROWN

Mailing Address 2314 Ravenna Road

City

Ravenna

State

OH

Zip Code

44266

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94969

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

29.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. BETSY L. BROWN</p> <p>Mailing Address 2314 Ravenna Road</p> <p>City State Zip Code Ravenna OH 44266</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95312</p> <p>Amount of Each Receipt this Period 10.00</p>
<p>Full Name (Last, First, Middle Initial) B. CHARLETON D. BROWN</p> <p>Mailing Address 104 Riverview Drive</p> <p>City State Zip Code Marietta OH 45750</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/MARIETTA CSD STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.40</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96924</p> <p>Amount of Each Receipt this Period 10.42</p>
<p>Full Name (Last, First, Middle Initial) C. CHERYL BROWN</p> <p>Mailing Address 80 Swan Way Suite 110</p> <p>City State Zip Code Oakland CA 94621</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA CN 57 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 274.56</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97864</p> <p>Amount of Each Receipt this Period 38.76</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		59.18
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 108 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERIC W. BROWN SR.

Mailing Address 5775 Lincoln Highway

City	State	Zip Code
Gap	PA	17527

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97412

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JERRY L. BROWN

Mailing Address 228 Minty Drive

City	State	Zip Code
Dayton	OH	45415

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94631

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. JERRY L. BROWN

Mailing Address 228 Minty Drive

City	State	Zip Code
Dayton	OH	45415

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94970

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

56.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JERRY L. BROWN

Mailing Address 228 Minty Drive

City

Dayton

State

OH

Zip Code

45415

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95313

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. LOUIS D. BROWN

Mailing Address 1623 East 27th Street

City

Cleveland

State

OH

Zip Code

44114

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CLEVELAND

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

209.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.97163

Amount of Each Receipt this Period

11.62

Full Name (Last, First, Middle Initial)

C. LOUIS D. BROWN

Mailing Address 1623 East 27th Street

City

Cleveland

State

OH

Zip Code

44114

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CLEVELAND

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.97226

Amount of Each Receipt this Period

11.62

SUBTOTAL of Receipts This Page (optional)..... ►

41.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARQUEZ BROWN

Mailing Address 6800 N High ST

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

549.34

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				07			2015					

Transaction ID : SA11AI.97227

Amount of Each Receipt this Period

56.02

Full Name (Last, First, Middle Initial)

B. MICHAEL E. BROWN

Mailing Address 2201 Broadway Street

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				23			2015					

Transaction ID : SA11AI.97925

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. PAMELA D. BROWN

Mailing Address 1603 E 27th Street

City

Cleveland

State

OH

Zip Code

44114

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CUYAHOGA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.32

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				07			2015					

Transaction ID : SA11AI.98012

Amount of Each Receipt this Period

9.50

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

84.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAMELA D. BROWN Full Name (Last, First, Middle Initial) Mailing Address 1603 E 27th Street City Cleveland State OH Zip Code 44114 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/CUYAHOGA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.78			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.97228 Amount of Each Receipt this Period 38.46
B. VALERIE A. BROWN Full Name (Last, First, Middle Initial) Mailing Address 2967 Fleet Road City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94632 Amount of Each Receipt this Period 15.00
C. VALERIE A. BROWN Full Name (Last, First, Middle Initial) Mailing Address 2967 Fleet Road City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94971 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶			68.46
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VALERIE A. BROWN Full Name (Last, First, Middle Initial) Mailing Address 2967 Fleet Road City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95314 Amount of Each Receipt this Period 15.00
B. WANDA BROWN Full Name (Last, First, Middle Initial) Mailing Address 17311 NW 46th Avenue City Carol City State FL Zip Code 33055 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 715.13			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93736 Amount of Each Receipt this Period 38.39
C. WANDA BROWN Full Name (Last, First, Middle Initial) Mailing Address 17311 NW 46th Avenue City Carol City State FL Zip Code 33055 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 753.52			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96023 Amount of Each Receipt this Period 38.39
SUBTOTAL of Receipts This Page (optional)..... ▶			91.78
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WILLIAM H. BROWN

Mailing Address 17431 SE Forest Hill Drive

City

Damascus

State

OR

Zip Code

97089

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97532

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ALAN BRUBACHER

Mailing Address 2502 S. 4th Street

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

MAINTENANCE SUPERVISOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

531.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94012

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

C. BRIAN H. BRUCKHOFFMailing Address P.O. Box 182
211 Ehrich Street

City

Minnesota Lake

State

MN

Zip Code

56068

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

314.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96687

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)..... ►

109.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEROME BUCHANAN

Mailing Address 10833 West 'O' Avenue

City	State	Zip Code
Mattawan	MI	49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97049

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. JEROME BUCHANAN

Mailing Address 10833 West 'O' Avenue

City	State	Zip Code
Mattawan	MI	49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97084

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. JEROME BUCHANAN

Mailing Address 10833 West 'O' Avenue

City	State	Zip Code
Mattawan	MI	49071

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97118

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBIN L. BUCK

Mailing Address 280 N Cherry Street

City

Mount Gilead

State

OH

Zip Code

43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94972

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBIN L. BUCK

Mailing Address 280 N Cherry Street

City

Mount Gilead

State

OH

Zip Code

43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95315

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. EDITH E. BUCKLE

Mailing Address 1184 Trentwood Road

City

Columbus

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11AI.97229

Amount of Each Receipt this Period

57.14

SUBTOTAL of Receipts This Page (optional)..... ►

77.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS F. BUCKLEY Full Name (Last, First, Middle Initial) Mailing Address 3649 Southlawn Drive City Toledo State OH Zip Code 43614 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation EXTERNAL AUDITOR III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94634 Amount of Each Receipt this Period 13.00
B. THOMAS F. BUCKLEY Full Name (Last, First, Middle Initial) Mailing Address 3649 Southlawn Drive City Toledo State OH Zip Code 43614 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation EXTERNAL AUDITOR III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94973 Amount of Each Receipt this Period 13.00
C. THOMAS F. BUCKLEY Full Name (Last, First, Middle Initial) Mailing Address 3649 Southlawn Drive City Toledo State OH Zip Code 43614 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation EXTERNAL AUDITOR III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95316 Amount of Each Receipt this Period 13.00
SUBTOTAL of Receipts This Page (optional)..... ▶			39.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 117 OF 1006
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRUCE D. BULICK

Mailing Address #4 Glacier Orchards Road

City

White Salmon

State

WA

Zip Code

98672

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

ADM AIDE III

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

267.75

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97533

Amount of Each Receipt this Period

25.50

Full Name (Last, First, Middle Initial)

B. WILLIAM D. BULLOCKS

Mailing Address 112 Bullocks Street

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN I

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.94974

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. WILLIAM D. BULLOCKS

Mailing Address 112 Bullocks Street

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN I

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95317

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARTER A. BUNDY

Mailing Address 1968 Otowi Drive

City

Santa Fe

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1433.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93737

Amount of Each Receipt this Period

71.34

Full Name (Last, First, Middle Initial)

B. CARTER A. BUNDY

Mailing Address 1968 Otowi Drive

City

Santa Fe

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1504.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96024

Amount of Each Receipt this Period

71.34

Full Name (Last, First, Middle Initial)

C. DAVID A. BURDICK

Mailing Address P.O. Box 14

City

Copake Falls

State

NY

Zip Code

12517

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/OYSTER BAY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.98074

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

152.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 119 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHERRI-ANN BURKE

Mailing Address PMB 1404 120 State Avenue

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LABOR ADVOCATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95828

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. LINDSEY R. BURKE-HOWELL

Mailing Address 1024 W. 3rd Street S.

City	State	Zip Code
Newton	IA	50208

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96539

Amount of Each Receipt this Period

9.18

Full Name (Last, First, Middle Initial)

C. DOUGLAS R. BURNETT

Mailing Address 3473 14th Street NW

City	State	Zip Code
Washington	DC	20010

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1396.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93739

Amount of Each Receipt this Period

82.12

SUBTOTAL of Receipts This Page (optional)..... ►

112.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 120 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOUGLAS R. BURNETT Full Name (Last, First, Middle Initial) Mailing Address 3473 14th Street NW City Washington State DC Zip Code 20010 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1478.18			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96026 Amount of Each Receipt this Period 82.12
B. JOHN BURNS Full Name (Last, First, Middle Initial) Mailing Address 1179 Charles Street City North Providence State RI Zip Code 02904 FEC ID number of contributing federal political committee. C Name of Employer AFSCME RI CN 94 Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.94145 Amount of Each Receipt this Period 40.00
C. MICHAEL P. BURNS Full Name (Last, First, Middle Initial) Mailing Address 296 Churchmans Road City New Castle State DE Zip Code 19720 FEC ID number of contributing federal political committee. C Name of Employer AFSCME DE CN 81 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 283.02			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.97634 Amount of Each Receipt this Period 29.82
SUBTOTAL of Receipts This Page (optional)..... ▶			151.94
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JEAN A. BURROWS</p> <p>Mailing Address 1818 Myers Road</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94975</p>		
<p>City State Zip Code Shelby OH 44875</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 10.00</p>		
<p>Name of Employer AFSCME OH LOC 11/STATE OF OH</p>	<p>Occupation HIGHWAY TECHNICIAN II</p>		<p>Aggregate Year-to-Date ▼ 210.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name (Last, First, Middle Initial) B. JEAN A. BURROWS</p> <p>Mailing Address 1818 Myers Road</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95318</p>		
<p>City State Zip Code Shelby OH 44875</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 10.00</p>		
<p>Name of Employer AFSCME OH LOC 11/STATE OF OH</p>	<p>Occupation HIGHWAY TECHNICIAN II</p>		<p>Aggregate Year-to-Date ▼ 220.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name (Last, First, Middle Initial) C. VENAI BURRS</p> <p>Mailing Address 392 S Weyant Avenue</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97963</p>		
<p>City State Zip Code Columbus OH 43213</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period 12.00</p>		
<p>Name of Employer AFSCME OH LOC 11/FRANKLIN CNTY</p>	<p>Occupation STAFF REPRESENTATIVE</p>		<p>Aggregate Year-to-Date ▼ 228.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>32.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VENAI BURRS

Mailing Address 392 S Weyant Avenue

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97964

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. VENAI BURRS

Mailing Address 392 S Weyant Avenue

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97965

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. VICKI R. BURT

Mailing Address 4727 Winona Terrace

City	State	Zip Code
Cincinnati	OH	45227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94637

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VICKI R. BURT

Mailing Address 4727 Winona Terrace

City

Cincinnati

State

OH

Zip Code

45227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94976

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. VICKI R. BURT

Mailing Address 4727 Winona Terrace

City

Cincinnati

State

OH

Zip Code

45227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95319

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. KATHY R. BUTCHER

Mailing Address 4535 Valleydale Way

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

234.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94638

Amount of Each Receipt this Period

11.72

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 124 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHY R. BUTCHER

Mailing Address 4535 Valleydale Way

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.94977

Amount of Each Receipt this Period

11.72

Full Name (Last, First, Middle Initial)

B. KATHY R. BUTCHER

Mailing Address 4535 Valleydale Way

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95320

Amount of Each Receipt this Period

11.72

Full Name (Last, First, Middle Initial)

C. KATHY A. BUTLER

Mailing Address 308 W 5th

Box 78

City

Woodward

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.96349

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

43.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. KATHY A. BUTLER</p> <p>Mailing Address 308 W 5th Box 78</p> <p>City Woodward State IA Zip Code 50276</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015</p> <p>Transaction ID : SA11AI.96441</p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) B. KATHY A. BUTLER</p> <p>Mailing Address 308 W 5th Box 78</p> <p>City Woodward State IA Zip Code 50276</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 465.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015</p> <p>Transaction ID : SA11AI.96540</p> <p>Amount of Each Receipt this Period 45.00</p>
<p>Full Name (Last, First, Middle Initial) C. MATT BUTLER</p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015</p> <p>Transaction ID : SA11AI.96541</p> <p>Amount of Each Receipt this Period 30.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>95.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NICOLE BUTLER

Mailing Address 3011 29th Avenue NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WAOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95685

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

B. NICOLE BUTLER

Mailing Address 3011 29th Avenue NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WAOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95829

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

C. ZOCHERSHEA BUTLER

Mailing Address 2733 Initial Place

City	State	Zip Code
Enumclaw	WA	98022

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WAOccupation
ACCOUNTING CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95686

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

66.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ZOCHERSHEA BUTLER

Mailing Address 2733 Initial Place

City

State

Zip Code

Enumclaw

WA

98022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

ACCOUNTING CLERK III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95830

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LORI L. BUTTERFIELDMailing Address 1212 Jefferson St., SE
Suite 300

City

State

Zip Code

Olympia

WA

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95687

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. LORI L. BUTTERFIELDMailing Address 1212 Jefferson St., SE
Suite 300

City

State

Zip Code

Olympia

WA

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95831

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICIA E. BYERS

Mailing Address 3201 Gardenia Drive

City

Dayton

State

OH

Zip Code

45449

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.94978

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PATRICIA E. BYERS

Mailing Address 3201 Gardenia Drive

City

Dayton

State

OH

Zip Code

45449

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95321

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT F. BYERS

Mailing Address 740 Infantry Drive

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.94979

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT F. BYERS

Mailing Address 740 Infantry Drive

City
GallowayState
OHZip Code
43119FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95322

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHARLES M. BYRNE

Mailing Address 1619 Valencia Way

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93740

Amount of Each Receipt this Period

39.44

Full Name (Last, First, Middle Initial)

C. CHARLES M. BYRNE

Mailing Address 1619 Valencia Way

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.83

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96027

Amount of Each Receipt this Period

39.44

SUBTOTAL of Receipts This Page (optional)..... ►

88.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 130 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK CADD

Mailing Address 260 Ward Avenue

City

Bellevue

State

KY

Zip Code

41073

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

419.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SA11AI.97230

Amount of Each Receipt this Period

52.42

Full Name (Last, First, Middle Initial)

B. JOY CAGE

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

370.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95688

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

C. JOY CAGE

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.95832

Amount of Each Receipt this Period

19.50

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHLEEN M. CAIN-BABBITT Full Name (Last, First, Middle Initial) Mailing Address 386 Kenneth Drive City Plainwell State MI Zip Code 49080 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25/LOCAL 1668 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt 10 / 22 / 2015 Transaction ID : SA11AI.97119 Amount of Each Receipt this Period 10.00
B. PAULA J. CAIRA Full Name (Last, First, Middle Initial) Mailing Address 17 Fourteenth Street SE City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1198.52		Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.93741 Amount of Each Receipt this Period 63.08
C. PAULA J. CAIRA Full Name (Last, First, Middle Initial) Mailing Address 17 Fourteenth Street SE City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1261.60		Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.96028 Amount of Each Receipt this Period 63.08
SUBTOTAL of Receipts This Page (optional)..... ▶		136.16
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NINA M. CALABRIA

Mailing Address 6124 Crystal Valley Drive

City	State	Zip Code
Galena	OH	43021

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96828

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. NINA M. CALABRIA

Mailing Address 6124 Crystal Valley Drive

City	State	Zip Code
Galena	OH	43021

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96925

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ROBIN CALABRIA

Mailing Address 2507 Winslow Hill Road

City	State	Zip Code
Benezette	PA	15821

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94013

Amount of Each Receipt this Period

53.48

SUBTOTAL of Receipts This Page (optional)..... ▶

103.48

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 133 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHAD D. CALDWELL

Mailing Address 1468 Galway Bend Drive S.

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96829

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. CHAD D. CALDWELL

Mailing Address 1468 Galway Bend Drive S.

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96926

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. PAMELA D. CALDWELL

Mailing Address 1861 Bairsford Drive

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94641

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

88.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAMELA D. CALDWELL Full Name (Last, First, Middle Initial) Mailing Address 1861 Bairsford Drive City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94980 Amount of Each Receipt this Period 18.00
B. PAMELA D. CALDWELL Full Name (Last, First, Middle Initial) Mailing Address 1861 Bairsford Drive City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 396.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95323 Amount of Each Receipt this Period 18.00
C. SUSAN CAMERON Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 32 City Manistique State MI Zip Code 49854 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97050 Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)..... ▶			57.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 135 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN CAMERON

Mailing Address P.O. Box 32

City

Manistique

State

MI

Zip Code

49854

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97085

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. SUSAN CAMERON

Mailing Address P.O. Box 32

City

Manistique

State

MI

Zip Code

49854

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97120

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. TERESA CAMPBELL

Mailing Address 3709 Morgan Road

City

Lake Orion

State

MI

Zip Code

48359

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97051

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERESA CAMPBELL Full Name (Last, First, Middle Initial) Mailing Address 3709 Morgan Road City Lake Orion State MI Zip Code 48359 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97086 Amount of Each Receipt this Period 21.00
B. TERESA CAMPBELL Full Name (Last, First, Middle Initial) Mailing Address 3709 Morgan Road City Lake Orion State MI Zip Code 48359 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97121 Amount of Each Receipt this Period 21.00
C. ULIQUE A. CAMPBELL Full Name (Last, First, Middle Initial) Mailing Address 1633 Berkeley Road City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94642 Amount of Each Receipt this Period 18.00
SUBTOTAL of Receipts This Page (optional)..... ▶		60.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ULIQUE A. CAMPBELL

Mailing Address 1633 Berkeley Road

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT CLAIMS TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6		2	0	1	5		

Transaction ID : SA11AI.94981

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. ULIQUE A. CAMPBELL

Mailing Address 1633 Berkeley Road

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT CLAIMS TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0		2	0	1	5		

Transaction ID : SA11AI.95324

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. MELISSA J. CAMPBELL-MORALEMailing Address 6665 Dumont Lane
Apt. 316

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT COMP. CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6		2	0	1	5		

Transaction ID : SA11AI.94982

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

46.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Aggregate Year-to-Date ▼

Month	Year-to-Date Sales
Jan	15.00
Feb	20.00
Mar	25.00
Apr	30.00
May	35.00
Jun	40.00
Jul	45.00
Aug	50.00
Sep	55.00
Oct	60.00
Nov	65.00
Dec	220.00

Aggregate Year-to-Date ▼

Month	Value
1	100.00
2	100.00
3	100.00
4	100.00
5	100.00
6	100.00
7	100.00
8	100.00
9	100.00
10	100.00
11	100.00
12	100.00

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	11.00%

Aggregate Year-to-Date ▼

Month	Value
1	10.00
2	10.00
3	10.00
4	10.00
5	10.00
6	10.00
7	10.00
8	10.00
9	10.00
10	10.00
11	10.00
12	10.00
Total	231.00

Age Group	Percentage
18-24	11.00
25-34	11.00
35-44	11.00
45-54	11.00
55-64	11.00
65-74	11.00
75-84	11.00
85+	11.00

32.00

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 139 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GUY C. CAMPO

Mailing Address 9972 State Route 309

City	State	Zip Code
Galion	OH	44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MAINTENANCE REPAIR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95326

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. ROBERT J. CAMPOLONG

Mailing Address 309 W. Pine Street

City	State	Zip Code
Clearfield	PA	16830

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97413

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Court

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93690

Amount of Each Receipt this Period

99.24

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 140 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TRELEEN CANGANELLI Full Name (Last, First, Middle Initial) Mailing Address 475 Northfield Road City Bedford State OH Zip Code 44146 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/BEDFORD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96927 Amount of Each Receipt this Period 41.67
B. LISA M. CAPONI Full Name (Last, First, Middle Initial) Mailing Address 29 Shadow Drive City Pittsburgh State PA Zip Code 15227 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 368.98			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93743 Amount of Each Receipt this Period 19.42
C. LISA M. CAPONI Full Name (Last, First, Middle Initial) Mailing Address 29 Shadow Drive City Pittsburgh State PA Zip Code 15227 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 388.40			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96030 Amount of Each Receipt this Period 19.42
SUBTOTAL of Receipts This Page (optional)..... ▶			80.51
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RICHARD CAPONI

Mailing Address 4453 Stilley Road

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1262.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94014

Amount of Each Receipt this Period

121.56

Full Name (Last, First, Middle Initial)

B. GINO A. CARBENIA

Mailing Address 9315 N. Park Avenue

City

Indianapolis

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2142.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93744

Amount of Each Receipt this Period

108.10

Full Name (Last, First, Middle Initial)

C. GINO A. CARBENIA

Mailing Address 9315 N. Park Avenue

City

Indianapolis

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2250.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96031

Amount of Each Receipt this Period

108.10

SUBTOTAL of Receipts This Page (optional)..... ▶

337.76

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTINA R. CAREY

Mailing Address 15428 State Route 160

City

Vinton

State

OH

Zip Code

45686

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94984

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHRISTINA R. CAREY

Mailing Address 15428 State Route 160

City

Vinton

State

OH

Zip Code

45686

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95327

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DAMETRA CAREY

Mailing Address P.O. Box 1222

City

Columbus

State

OH

Zip Code

43216

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94646

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

38.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAMETRA CAREY

Mailing Address P.O. Box 1222

City	State	Zip Code
Columbus	OH	43216

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94985

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. DAMETRA CAREY

Mailing Address P.O. Box 1222

City	State	Zip Code
Columbus	OH	43216

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95328

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. DENISE L. CAREY

Mailing Address 4069 Brookrun Drive

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94647

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DENISE L. CAREY</p> <p>Mailing Address 4069 Brookrun Drive</p> <p>City State Zip Code Columbus OH 43204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH OFFICE ASSISTANT III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94986</p> <p>Amount of Each Receipt this Period 16.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DENISE L. CAREY</p> <p>Mailing Address 4069 Brookrun Drive</p> <p>City State Zip Code Columbus OH 43204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH OFFICE ASSISTANT III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 352.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95329</p> <p>Amount of Each Receipt this Period 16.00</p>	
<p>Full Name (Last, First, Middle Initial) C. PAMELA I. CARL</p> <p>Mailing Address 1021 K Street</p> <p>City State Zip Code Centralia WA 98531</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28 VMO COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95833</p> <p>Amount of Each Receipt this Period 21.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>53.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAUL J. CARLANTONIO Full Name (Last, First, Middle Initial) Mailing Address 311 Halston Road City Slippery Rock State PA Zip Code 16057 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97414 Amount of Each Receipt this Period 20.00
B. JANNA M. CARLSON Full Name (Last, First, Middle Initial) Mailing Address 1365 137th Street NW City Monticello State MN Zip Code 55362 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96688 Amount of Each Receipt this Period 20.00
C. JOYCE CARLSON Full Name (Last, First, Middle Initial) Mailing Address 911 Aldine Street City Saint Paul State MN Zip Code 55104 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 776.44		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96689 Amount of Each Receipt this Period 77.72
SUBTOTAL of Receipts This Page (optional)..... ▶		117.72
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SYLVIA C. CARLSON

Mailing Address 2936 38th Avenue NE

City

Tacoma

State

WA

Zip Code

98422

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95834

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. WILLIAM J. CARRIER

Mailing Address 731 Mohican Drive

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/LOVELAND CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.96875

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

C. WILLIAM J. CARRIER

Mailing Address 731 Mohican Drive

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/LOVELAND CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96928

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

52.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SEAN RAY CARSON

Mailing Address 238 N Liberty Street

City

Nazareth

State

PA

Zip Code

18064

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 1435

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94015

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. RICHARD T CART

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96442

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RICHARD T CART

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96542

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHAD CARTER

Mailing Address 6653 13th Street NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, MEMBER AND AFFILIATE SVCS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93745

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. CHAD CARTER

Mailing Address 6653 13th Street NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, MEMBER AND AFFILIATE SVCS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96032

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. HELEN E. CARTER

Mailing Address 5426 Quisenberry Drive

City

Dayton

State

OH

Zip Code

45424

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.94648

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

112.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HELEN E. CARTER

Mailing Address 5426 Quisenberry Drive

City	State	Zip Code
Dayton	OH	45424

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94987

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. HELEN E. CARTER

Mailing Address 5426 Quisenberry Drive

City	State	Zip Code
Dayton	OH	45424

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95330

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. JUAN CARTER

Mailing Address 1716 Revere Street

City	State	Zip Code
Harrisburg	PA	17104

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94016

Amount of Each Receipt this Period

42.46

SUBTOTAL of Receipts This Page (optional)..... ►

66.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

Transaction ID : SA11AI.97052

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

B. LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SA11AI.97087

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

C. LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.97122

Amount of Each Receipt this Period

29.12

SUBTOTAL of Receipts This Page (optional)..... ►

87.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 151 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TRACI R. CARTER</p> <p>Mailing Address 624 Ewing Avenue</p> <p>City State Zip Code Lima OH 45801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 203.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.94649</p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>Full Name (Last, First, Middle Initial) B. TRACI R. CARTER</p> <p>Mailing Address 624 Ewing Avenue</p> <p>City State Zip Code Lima OH 45801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 216.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.94988</p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>Full Name (Last, First, Middle Initial) C. TRACI R. CARTER</p> <p>Mailing Address 624 Ewing Avenue</p> <p>City State Zip Code Lima OH 45801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95331</p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>39.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LESLIE A. CARTER-HICKS Full Name (Last, First, Middle Initial) Mailing Address 267 Buckskin Street City Henderson State NV Zip Code 89074 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 437.69			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93746 Amount of Each Receipt this Period 39.79
B. LESLIE A. CARTER-HICKS Full Name (Last, First, Middle Initial) Mailing Address 267 Buckskin Street City Henderson State NV Zip Code 89074 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 477.48			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96033 Amount of Each Receipt this Period 39.79
C. RICARDO S. CASON Full Name (Last, First, Middle Initial) Mailing Address 2201 Broadway Street City Oakland State CA Zip Code 94612 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3299/UNIV OF CA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97926 Amount of Each Receipt this Period 19.00
SUBTOTAL of Receipts This Page (optional)..... ▶			98.58
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT CASON

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1021.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94017

Amount of Each Receipt this Period

103.18

Full Name (Last, First, Middle Initial)

B. WANDA M. CASON

Mailing Address 2201 Broadway Street

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97927

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. GWENDOLYN CASTLEMailing Address 48 Ridge Drive
Apt. 205

City

Fairfield

State

OH

Zip Code

45014

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EMPLOYER SERVICES SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94989

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.18

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GWENDOLYN CASTLE

 Mailing Address 48 Ridge Drive
 Apt. 205

 City State Zip Code
 Fairfield OH 45014

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EMPLOYER SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.95332

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. NORMA CASTRO

Mailing Address 1212 Jefferson Street SE

 City State Zip Code
 Olympia WA 98501

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : SA11AI.95690

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. NORMA CASTRO

Mailing Address 1212 Jefferson Street SE

 City State Zip Code
 Olympia WA 98501

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 26 2015

Transaction ID : SA11AI.95835

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROSA CASTROMailing Address 700 North Alameda Street
Suite 2-219

City	State	Zip Code
Los Angeles	CA	90012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSC;ME CA LOC 1001

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97841

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ESTILL E. CAUDILL

Mailing Address 6744 US Highway 52

City	State	Zip Code
Ripley	OH	45167

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/RIPLEY-UNION-LEWIS

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96929

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. MARY L. CAUDILL

Mailing Address 6744 US Highway 52

City	State	Zip Code
Ripley	OH	45167

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/RIPLEY-UNION-LEWIS

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96930

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

48.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 156 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TARA CAUGHEY-WILSON Full Name (Last, First, Middle Initial) Mailing Address 114 Thompson Street City Dalton State PA Zip Code 18414 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 775.47		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94018 Amount of Each Receipt this Period 80.54
B. MARK E. CAVANAH Full Name (Last, First, Middle Initial) Mailing Address 243 Iroquois Drive City Paducah State KY Zip Code 42001 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1492.62		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93747 Amount of Each Receipt this Period 79.58
C. MARK E. CAVANAH Full Name (Last, First, Middle Initial) Mailing Address 243 Iroquois Drive City Paducah State KY Zip Code 42001 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1572.20		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96034 Amount of Each Receipt this Period 79.58
SUBTOTAL of Receipts This Page (optional)..... ▶		239.70
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANNE-MARIE CAVANAUGH Full Name (Last, First, Middle Initial) Mailing Address 9227 Densmore Avenue N City Seattle State WA Zip Code 98103 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.80			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95836 Amount of Each Receipt this Period 41.68
B. JAMES CENERINI Full Name (Last, First, Middle Initial) Mailing Address 1179 Charles Street City North Providence State RI Zip Code 02904-3594 FEC ID number of contributing federal political committee. C Name of Employer AFSCME RI CN 94 Occupation POLITICAL COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.94146 Amount of Each Receipt this Period 80.00
C. JODI E. CHAI Full Name (Last, First, Middle Initial) Mailing Address 1374 Mailani Street City Hilo State HI Zip Code 96720 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97323 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)..... ▶			161.68
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STACY CHAMBERLAIN Full Name (Last, First, Middle Initial) Mailing Address 5235 NE 23rd Avenue City Portland State OR Zip Code 97211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97534 Amount of Each Receipt this Period 50.00
B. RICHARD CHAMPAGNE Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95837 Amount of Each Receipt this Period 17.50
C. ERNESTINE CHAPMAN Full Name (Last, First, Middle Initial) Mailing Address 146 Penn Avenue City Mansfield State OH Zip Code 44903 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STOREKEEPER II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95333 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶		82.50
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEANETTE CHAVEZ

Mailing Address 1719 Lyman Place NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93748

Amount of Each Receipt this Period

61.08

Full Name (Last, First, Middle Initial)

B. JEANETTE CHAVEZ

Mailing Address 1719 Lyman Place NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1236.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96035

Amount of Each Receipt this Period

61.08

Full Name (Last, First, Middle Initial)

C. KARL E. CHILDRESS

Mailing Address 1605 E Street SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, APPLICATIONS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93749

Amount of Each Receipt this Period

54.75

SUBTOTAL of Receipts This Page (optional)..... ►

176.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 160 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KARL E. CHILDRESS

Mailing Address 1605 E Street SE

City
WashingtonState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, APPLICATIONS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1117.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96036

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

B. NICHELLE CHIVIS

Mailing Address 4301 Executive Park Drive

City
HarrisburgState
PAZip Code
17111FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94019

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. JUDY K. CHOWMailing Address 1639 Pali Highway
Apt. ACity
HonoluluState
HIZip Code
96813FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI RET CHPT 152

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97325

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

230.87

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SANFORD CHUN

Mailing Address 98-1664 Hapaki Street

City	State	Zip Code
Aiea	HI	96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97329

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. LORI L. CLAPPER

Mailing Address 82 Sychar Road

City	State	Zip Code
Mount Vernon	OH	43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94991

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LORI L. CLAPPER

Mailing Address 82 Sychar Road

City	State	Zip Code
Mount Vernon	OH	43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95334

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CAROLYN CLARK Full Name (Last, First, Middle Initial) Mailing Address 4415 Rolling Pine City West Bloomfield State MI Zip Code 48324 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97053 Amount of Each Receipt this Period 25.00
B. CAROLYN CLARK Full Name (Last, First, Middle Initial) Mailing Address 4415 Rolling Pine City West Bloomfield State MI Zip Code 48324 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97088 Amount of Each Receipt this Period 25.00
C. CAROLYN CLARK Full Name (Last, First, Middle Initial) Mailing Address 4415 Rolling Pine City West Bloomfield State MI Zip Code 48324 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97123 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶			75.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DALE B. CLARK</p> <p>Mailing Address 7202 Claysville Road</p> <p>City State Zip Code Cambridge OH 43725</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94992</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DALE B. CLARK</p> <p>Mailing Address 7202 Claysville Road</p> <p>City State Zip Code Cambridge OH 43725</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95335</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. KIMBERLEE J. CLARK</p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City State Zip Code Des Moines IA 50313</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.20</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96351</p> <p>Amount of Each Receipt this Period 10.41</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>30.41</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KIMBERLEE J. CLARK Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.61			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96443 Amount of Each Receipt this Period 10.41
B. KIMBERLEE J. CLARK Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96543 Amount of Each Receipt this Period 10.41
C. MATRELLE C. CLARK Full Name (Last, First, Middle Initial) Mailing Address 519 Long Street City Cambridge State OH Zip Code 43725 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94993 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			30.82
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATRELLE C. CLARK

Mailing Address 519 Long Street

City

Cambridge

State

OH

Zip Code

43725

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95336

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHANE CLARK

Mailing Address 5296 Autumnwood Drive

City

Cochranton

State

PA

Zip Code

16314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.48

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94020

Amount of Each Receipt this Period

58.92

Full Name (Last, First, Middle Initial)

C. STEPHEN M. CLARK

Mailing Address 819 12th Avenue S.

City

St. Cloud

State

MN

Zip Code

56301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96691

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

88.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VALARIE L. CLARK

Mailing Address 6414 Savannah Avenue

City	State	Zip Code
Cincinnati	OH	45239

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94994

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. VALARIE L. CLARK

Mailing Address 6414 Savannah Avenue

City	State	Zip Code
Cincinnati	OH	45239

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95337

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DENNIS J. CLARY

Mailing Address 35701 Smith Chapel Road

City	State	Zip Code
Logan	OH	43138

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94995

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 167 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENNIS J. CLARY

Mailing Address 35701 Smith Chapel Road

City	State	Zip Code
Logan	OH	43138

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95338

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. TAMMY R. CLAUDIO

Mailing Address P.O. Box 420189

City	State	Zip Code
Pontiac	MI	48342

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/CITY OF MACOMB

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97040

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. TAMMY R. CLAUDIO

Mailing Address P.O. Box 420189

City	State	Zip Code
Pontiac	MI	48342

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/CITY OF MACOMB

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97124

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

34.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 168 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAULINE CLAYTON-ROSE

Mailing Address 2340 Ashurst Road

City

University Heights

State

OH

Zip Code

44118

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96931

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. STEPHANIE K. CLEVINGER-MURPHY

Mailing Address 3230 Rogstad Bend

City

Canal Winchester

State

OH

Zip Code

43110

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INTERNAL AUDITOR II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94657

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. STEPHANIE K. CLEVINGER-MURPHY

Mailing Address 3230 Rogstad Bend

City

Canal Winchester

State

OH

Zip Code

43110

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INTERNAL AUDITOR II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94996

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

37.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEPHANIE K. CLEVENGER-MURPHY

Mailing Address 3230 Rogstad Bend

City

Canal Winchester

State

OH

Zip Code

43110

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INTERNAL AUDITOR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95339

Amount of Each Receipt this Period

44.00

Full Name (Last, First, Middle Initial)

B. THERESA L. CLICK

Mailing Address 603 S Boston Street

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94658

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. THERESA L. CLICK

Mailing Address 603 S Boston Street

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94997

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

44.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THERESA L. CLICK

Mailing Address 603 S Boston Street

City	State	Zip Code
Galion	OH	44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95340

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DIANNA L. CLOUSE

Mailing Address 169 Alcon Drive

City	State	Zip Code
Newark	OH	43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BWC CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94998

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DIANNA L. CLOUSE

Mailing Address 169 Alcon Drive

City	State	Zip Code
Newark	OH	43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BWC CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95341

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 171 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KATHERINE A. COAKLEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93751	
Mailing Address 410 S. Maple Avenue #604 City Falls Church State VA Zip Code 20046		Amount of Each Receipt this Period 89.05	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation AFFILIATE COMMUNICATION MANAGER Aggregate Year-to-Date ▼ 1567.36	
Full Name (Last, First, Middle Initial) B. KATHERINE A. COAKLEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96038	
Mailing Address 410 S. Maple Avenue #604 City Falls Church State VA Zip Code 20046		Amount of Each Receipt this Period 89.05	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation AFFILIATE COMMUNICATION MANAGER Aggregate Year-to-Date ▼ 1656.41	
Full Name (Last, First, Middle Initial) C. SANDRA S. COASTON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94999	
Mailing Address 317 Wampler Avenue City Dayton State OH Zip Code 45405		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		188.10	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SANDRA S. COASTON Full Name (Last, First, Middle Initial) Mailing Address 317 Wampler Avenue City Dayton State OH Zip Code 45405 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95342 Amount of Each Receipt this Period 10.00
B. GARRY V. COFFMAN III Full Name (Last, First, Middle Initial) Mailing Address 4855 Seminole Drive City San Diego State CA Zip Code 92115 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.97884 Amount of Each Receipt this Period 25.00
C. FRED W. COKER Full Name (Last, First, Middle Initial) Mailing Address 134 Literal Road City Chehalis State WA Zip Code 98532 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95840 Amount of Each Receipt this Period 10.50
SUBTOTAL of Receipts This Page (optional)..... ▶			45.50
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 173 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSHUA B. COLE

Mailing Address 5603 Mayfair Street SW

City

Cedar Rapids

State

IA

Zip Code

52404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96352

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JOSHUA B. COLE

Mailing Address 5603 Mayfair Street SW

City

Cedar Rapids

State

IA

Zip Code

52404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96444

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JOSHUA B. COLE

Mailing Address 5603 Mayfair Street SW

City

Cedar Rapids

State

IA

Zip Code

52404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96544

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JUSTIN C COLE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.20

Date of Receipt

10 / 02 / 2015

Transaction ID : SA11AI.96353

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. JUSTIN C COLE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.61

Date of Receipt

10 / 15 / 2015

Transaction ID : SA11AI.96445

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. JUSTIN C COLE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.02

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.96545

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 175 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KENTON C. COLE

Mailing Address P.O. Box 882

City

Lomax

State

IA

Zip Code

61454

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96546

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. LORENZO D. COLE

Mailing Address 2165 Tatera Court

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PSYCHIATRIC ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94661

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

C. LORENZO D. COLE

Mailing Address 2165 Tatera Court

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PSYCHIATRIC ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95000

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)..... ►

146.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 176 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LORENZO D. COLE

Mailing Address 2165 Tatera Court

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PSYCHIATRIC ATTENDANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95343

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

B. RENE COLLAZOMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.95841

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

C. KATHERINE COLVIN

Mailing Address 3198 W 54th Street

City

Cleveland

State

OH

Zip Code

44102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94662

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

48.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHERINE COLVIN

Mailing Address 3198 W 54th Street

City
ClevelandState Zip Code
OH 44102FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OHOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95001

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. KATHERINE COLVIN

Mailing Address 3198 W 54th Street

City
ClevelandState Zip Code
OH 44102FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OHOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95344

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. CONSTANCE COMBS

Mailing Address 5785 Lake Road

City
MorrowState Zip Code
OH 45152FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 4/LITTLE MIAMIOccupation
CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96932

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 178 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TRACEY CONATY

Mailing Address 3525 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, NEW MEDIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93752

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

B. TRACEY CONATY

Mailing Address 3525 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, NEW MEDIA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96039

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

C. JEFFREY A. CONDO

Mailing Address 59 N Kenwood Avenue

City

Georgetown

State

OH

Zip Code

45121

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTODIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95002

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

119.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEFFREY A. CONDO

Mailing Address 59 N Kenwood Avenue

City

Georgetown

State

OH

Zip Code

45121

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTODIAL WORKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.95345

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. AMY CONKLIN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.95694

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

C. AMY CONKLIN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.95842

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HILARY L. CONLEY

Mailing Address 3443 Pine Way

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

526.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	5		

Transaction ID : SA11AI.97232

Amount of Each Receipt this Period

54.08

Full Name (Last, First, Middle Initial)

B. LISA G. CONLEY

Mailing Address 5723 Benzler Road

City

Prospect

State

OH

Zip Code

43342

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95003

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LISA G. CONLEY

Mailing Address 5723 Benzler Road

City

Prospect

State

OH

Zip Code

43342

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95346

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

74.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RYAN J. CONNELLY

Mailing Address 2113 Shiver Drive

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

483.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93753

Amount of Each Receipt this Period

35.49

Full Name (Last, First, Middle Initial)

B. RYAN J. CONNELLY

Mailing Address 2113 Shiver Drive

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

519.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96040

Amount of Each Receipt this Period

35.49

Full Name (Last, First, Middle Initial)

C. THOMAS R. CONNELLY

Mailing Address 1364 Clinton Street

City

Niles

State

OH

Zip Code

44446

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.98013

Amount of Each Receipt this Period

6.00

SUBTOTAL of Receipts This Page (optional)..... ►

76.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS R. CONNELLY Full Name (Last, First, Middle Initial) Mailing Address 1364 Clinton Street City State Zip Code Niles OH 44446 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.72			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97233 Amount of Each Receipt this Period 9.50
B. THOMAS R. CONNELLY Full Name (Last, First, Middle Initial) Mailing Address 1364 Clinton Street City State Zip Code Niles OH 44446 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 226.72			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.98014 Amount of Each Receipt this Period 6.00
C. NANCY CONNORS Full Name (Last, First, Middle Initial) Mailing Address 6145 Chasewood Parkway Suite 206 City State Zip Code Hopkins IN 55343 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.96692 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)..... ▶			45.50
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 183 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALBERTA K. CONRAD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96354

Amount of Each Receipt this Period

14.82

Full Name (Last, First, Middle Initial)

B. ALBERTA K. CONRAD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96446

Amount of Each Receipt this Period

14.82

Full Name (Last, First, Middle Initial)

C. ALBERTA K. CONRAD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96547

Amount of Each Receipt this Period

14.82

SUBTOTAL of Receipts This Page (optional)..... ►

44.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BELINDA D. CONRAD Full Name (Last, First, Middle Initial) Mailing Address 3062 Pebble Court City Maumee State OH Zip Code 43537 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.56			Date of Receipt 10 / 22 / 2015 Transaction ID : SA11AI.96876 Amount of Each Receipt this Period 19.24
B. BELINDA D. CONRAD Full Name (Last, First, Middle Initial) Mailing Address 3062 Pebble Court City Maumee State OH Zip Code 43537 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.80			Date of Receipt 10 / 22 / 2015 Transaction ID : SA11AI.96933 Amount of Each Receipt this Period 19.24
C. BEVERLY S. CONTEE Full Name (Last, First, Middle Initial) Mailing Address 12061 Beltsville Drive City Beltsville State MD Zip Code 20705 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LEGAL ASSISTANT II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 445.00			Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.93754 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶			63.48
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

 City State Zip Code
 Beltsville MD 20705

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96041

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. WENDY R. CONWAY
Mailing Address 1212 Jefferson St., SE
Suite 300
 City State Zip Code
 Olympia WA 98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.95695

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. WENDY R. CONWAY
Mailing Address 1212 Jefferson St., SE
Suite 300
 City State Zip Code
 Olympia WA 98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.95843

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 186 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BARBARA COOPER

Mailing Address 931 S. Walnut Street

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.97513

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. PATRICIA L. COOPER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	5		2	0	1	5		

Transaction ID : SA11AI.96447

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. PATRICIA L. COOPER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	5		

Transaction ID : SA11AI.96549

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

59.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 187 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES A. CORBIN

Mailing Address 5072 Tri County View Drive

City	State	Zip Code
Hamilton	OH	45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95004

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHARLES A. CORBIN

Mailing Address 5072 Tri County View Drive

City	State	Zip Code
Hamilton	OH	45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95347

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BONITA C. CORDI

Mailing Address 9320 Huggins Lane

City	State	Zip Code
Reynoldsburg	OH	43068

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CERTIFICATION PROCESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95005

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 188 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BONITA C. CORDI Full Name (Last, First, Middle Initial) Mailing Address 9320 Huggins Lane City Reynoldsburg State OH Zip Code 43068 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CERTIFICATION PROCESSOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95348 Amount of Each Receipt this Period 10.00
B. SHARON M. CORKIN Full Name (Last, First, Middle Initial) Mailing Address 4106 Terrace Street #5 City Oakland State CA Zip Code 94611 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA CN 57/EAST BAY PARKS Occupation MAINTENANCE WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97865 Amount of Each Receipt this Period 40.00
C. SYLVIA Y. COSLOW Full Name (Last, First, Middle Initial) Mailing Address 1931 N 2nd Street City Harrisburg State PA Zip Code 17102 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97417 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)..... ▶		90.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMANDA L. COSTILLA

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/ST. PAUL P.S.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96330

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. AMANDA L. COSTILLA

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/ST. PAUL P.S.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96693

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City	State	Zip Code
Bethesda	MD	20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93755

Amount of Each Receipt this Period

54.75

SUBTOTAL of Receipts This Page (optional)..... ►

76.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 190 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City	State	Zip Code
Bethesda	MD	20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96042

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

B. PATRICIA A. COULTER

Mailing Address 27702 NE 73rd Avenue

City	State	Zip Code
Battle Ground	WA	98604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95696

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICIA A. COULTER

Mailing Address 27702 NE 73rd Avenue

City	State	Zip Code
Battle Ground	WA	98604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95844

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

94.75

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAURA CRAIG-BUCHHOLZ

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.96550

Amount of Each Receipt this Period

20.42

Full Name (Last, First, Middle Initial)

B. ERIC B. CRANDALL

Mailing Address 7055 N Concord Blvd.

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97535

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JEWELYN CROCKETT

Mailing Address P.O. Box 443

City

Warren

State

OH

Zip Code

44482

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95007

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 193 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEWELYN CROCKETT

Mailing Address P.O. Box 443

City

Warren

State

OH

Zip Code

44482

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95350

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CANDIS L. CROCKRON

Mailing Address 1444 E Whittier Street

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95008

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CANDIS L. CROCKRON

Mailing Address 1444 E Whittier Street

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95351

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARLOS CROSS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97055

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

B. CARLOS CROSS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97090

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

C. CARLOS CROSS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

553.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97126

Amount of Each Receipt this Period

29.12

SUBTOTAL of Receipts This Page (optional)..... ►

87.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JENNY F. CROUCHER</p> <p>Mailing Address 6625 Buckley Circle #201</p> <p>City State Zip Code Inver Grove Hgts. MN 55076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/ST. PAUL P.S. STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.96331</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) B. JENNY F. CROUCHER</p> <p>Mailing Address 6625 Buckley Circle #201</p> <p>City State Zip Code Inver Grove Hgts. MN 55076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/ST. PAUL P.S. STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.96694</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) C. HIBRAIM CUEVAS</p> <p>Mailing Address 4855 Seminole Drive</p> <p>City State Zip Code San Diego CA 92115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 3930 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 204.50</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.97885</p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			65.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 197 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PANSY F. CUNDIFF

Mailing Address 330 Emerson Avenue

City

New Lebanon

State

OH

Zip Code

44903

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/NEW LEBANON

Occupation

BUS DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96934

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DEBORAH CURRIE

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94022

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. ALPH L. CURRY

Mailing Address 1008 Greenob Drive

City

Englewood

State

OH

Zip Code

45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95009

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

111.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 198 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALPH L. CURRY

Mailing Address 1008 Greenob Drive

City

Englewood

State

OH

Zip Code

45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95352

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MICHAEL S. CURRY

Mailing Address 2979 Tracer Road

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PROGRAMMER/ANALYST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95010

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHAEL S. CURRY

Mailing Address 2979 Tracer Road

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PROGRAMMER/ANALYST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95353

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 199 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JULIE CURTIS

Mailing Address 85 Locust Street

City

Danvers

State

MA

Zip Code

01923-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2015					

Transaction ID : SA11AI.94281

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SANDRA J CURTIS

Mailing Address 23243 Gateway Drive

City

Akeley

State

MN

Zip Code

56433

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.96695

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. SEAN C. DAHL

Mailing Address 325 Amesbury Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.96831

Amount of Each Receipt this Period

30.77

SUBTOTAL of Receipts This Page (optional)..... ►

80.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SEAN C. DAHL

Mailing Address 325 Amesbury Drive

City
ColumbusState
OHZip Code
43230FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96935

Amount of Each Receipt this Period

30.77

Full Name (Last, First, Middle Initial)

B. JIM A. DAHLING

Mailing Address 66983 403rd Avenue

City
GoodhueState
MNZip Code
55027FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97640

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

C. JEFFREY DAINS

Mailing Address 1743 Carl Street

City
RosevilleState
MNZip Code
55113FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96696

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)..... ►

158.57

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 201 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WILLIAM DANDO

Mailing Address 6630 Huntingdon Street

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

ASSOCIATE LEGISLATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94023

Amount of Each Receipt this Period

103.18

Full Name (Last, First, Middle Initial)

B. ANDREW J. DANIELS

Mailing Address 2337 Suffolk Lane

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95011

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANDREW J. DANIELS

Mailing Address 2337 Suffolk Lane

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95354

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

123.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LINDA DANIELSON Full Name (Last, First, Middle Initial) Mailing Address 2132 E Dayton Street City MADISON State WI Zip Code 53704 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.97729 Amount of Each Receipt this Period 10.00
B. LINDA DANIELSON Full Name (Last, First, Middle Initial) Mailing Address 2132 E Dayton Street City MADISON State WI Zip Code 53704 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2015 Transaction ID : SA11AI.97738 Amount of Each Receipt this Period 10.00
C. SAMANTHA DANIELSON Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City Harrisburg State PA Zip Code 17111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94024 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			40.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARGARET A DANISON

Mailing Address 5 Heritage Place

City	State	Zip Code
Ballston Spa	NY	12020

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93757

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MARGARET A DANISON

Mailing Address 5 Heritage Place

City	State	Zip Code
Ballston Spa	NY	12020

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96044

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JAMES D. DANNEN

Mailing Address 12747 Renton Avenue S

City	State	Zip Code
Seattle	WA	98178

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95846

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ▶

92.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 204 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SEAN DANNEN

Mailing Address P.O. Box 7472

City

Tacoma

State

WA

Zip Code

98417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95847

Amount of Each Receipt this Period

44.00

Full Name (Last, First, Middle Initial)

B. ROBERT M. DAPPER

Mailing Address 704 Cherry Street

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT M. DAPPER

Mailing Address 704 Cherry Street

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95355

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

64.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 205 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KIMBERLY A. DAVANZO

Mailing Address 4901 New Castle Road

City

Lowellville

State

OH

Zip Code

44436

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	5		

Transaction ID : SA11AI.94025

Amount of Each Receipt this Period

80.54

Full Name (Last, First, Middle Initial)

B. MATTHEW P. DAVENHALLMailing Address 7305 213th Place SW
Apt. 104

City

Edmonds

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	1	5		

Transaction ID : SA11AI.95698

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. MATTHEW P. DAVENHALLMailing Address 7305 213th Place SW
Apt. 104

City

Edmonds

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	1	5		

Transaction ID : SA11AI.95848

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

104.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 206 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JOE C. DAVENPORT</p> <p>Mailing Address 3825 NE 125th Street</p> <p>City State Zip Code Seattle WA 98125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/UNIV OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.95699</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) B. JOE C. DAVENPORT</p> <p>Mailing Address 3825 NE 125th Street</p> <p>City State Zip Code Seattle WA 98125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/UNIV OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015</p> <p>Transaction ID : SA11AI.95849</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) C. ELISA S. DAVIDSON</p> <p>Mailing Address 4215 SW Vermont Street</p> <p>City State Zip Code Portland OR 97219</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OR CN 75/STATE OF OR STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.97536</p> <p>Amount of Each Receipt this Period 12.50</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			52.50	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 207 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SARA DAVIES

Mailing Address P.O. Box 453

City

Factoryville

State

PA

Zip Code

18419

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.94026

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

B. ARDITH M. DAVIS

Mailing Address 542 Valley View Road

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WORKERS COMP CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95013

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ARDITH M. DAVIS

Mailing Address 542 Valley View Road

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WORKERS COMP CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95356

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

71.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 208 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EUGENE A. DAVIS

Mailing Address P.O. Box 1554

City

Marion

State

OH

Zip Code

43301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95014

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. EUGENE A. DAVIS

Mailing Address P.O. Box 1554

City

Marion

State

OH

Zip Code

43301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95357

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GREGORY N. DAVIS

Mailing Address 53737 Heineman Road E.

City

Edwall

State

WA

Zip Code

99008

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.95998

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREGORY N. DAVIS

Mailing Address 53737 Heineman Road E.

City	State	Zip Code
Edwall	WA	99008

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95850

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. GREGORY N. DAVIS

Mailing Address 53737 Heineman Road E.

City	State	Zip Code
Edwall	WA	99008

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95999

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MALINDA S. DAVIS

Mailing Address 6515 Strecker Road

City	State	Zip Code
Monroeville	OH	44847

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HOSPITAL AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94676

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 210 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MALINDA S. DAVIS Full Name (Last, First, Middle Initial) Mailing Address 6515 Strecker Road City Monroeville State OH Zip Code 44847 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95015 Amount of Each Receipt this Period 15.00
B. MALINDA S. DAVIS Full Name (Last, First, Middle Initial) Mailing Address 6515 Strecker Road City Monroeville State OH Zip Code 44847 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95358 Amount of Each Receipt this Period 15.00
C. MARK R. DAVIS Full Name (Last, First, Middle Initial) Mailing Address 14724 Armin Avenue City Lakewood State OH Zip Code 44107 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 912.88		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97235 Amount of Each Receipt this Period 91.64
SUBTOTAL of Receipts This Page (optional)..... ▶		121.64
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT A. DAVIS

Mailing Address 822 Bovee Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

889.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97164

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

B. ROBERT A. DAVIS

Mailing Address 822 Bovee Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

949.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97236

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. TANYA DAVIS-PRYSOCK

Mailing Address 3451 Penfield Road

City

Columbus

State

OH

Zip Code

43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94677

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

162.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 212 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TANYA DAVIS-PRYSOCK			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95016	
Mailing Address 3451 Penfield Road			Amount of Each Receipt this Period 13.00	
City Columbus	State OH	Zip Code 43227		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.00		

Full Name (Last, First, Middle Initial) B. TANYA DAVIS-PRYSOCK			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95359	
Mailing Address 3451 Penfield Road			Amount of Each Receipt this Period 13.00	
City Columbus	State OH	Zip Code 43227		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.00		

Full Name (Last, First, Middle Initial) C. SHANE R. DAVISON			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96356	
Mailing Address 4320 NW Second Avenue			Amount of Each Receipt this Period 10.41	
City Des Moines	State IA	Zip Code 50313		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.20		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 213 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHANE R. DAVISON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96448

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. SHANE R. DAVISON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96552

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. DANIEL DAWSONMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95851

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

31.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 214 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES M. DEAN JR Full Name (Last, First, Middle Initial) Mailing Address 237 Elkview Drive City Duncansville State PA Zip Code 16635 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97420 Amount of Each Receipt this Period 20.00	
B. PRESTON DEBOER Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.04			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96553 Amount of Each Receipt this Period 41.66	
C. CHRISTOPHER DEHARTY Full Name (Last, First, Middle Initial) Mailing Address 2406 Myrtle Street City Sioux City State IA Zip Code 51103 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/SIOUX Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96299 Amount of Each Receipt this Period 19.23	
SUBTOTAL of Receipts This Page (optional)..... ▶			80.89	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 215 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER DEHARTY

Mailing Address 2406 Myrtle Street

City

Sioux City

State

IA

Zip Code

51103

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/SIOUX

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	5		

Transaction ID : SA11AI.96554

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. KENNETH DEITZ

Mailing Address 9505 Date Street

City

Fontana

State

CA

Zip Code

92335

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	5		

Transaction ID : SA11AI.94215

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. KENNETH DEITZ

Mailing Address 9505 Date Street

City

Fontana

State

CA

Zip Code

92335

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	1		2	0	1	5		

Transaction ID : SA11AI.94222

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KENNETH DEITZ

Mailing Address 9505 Date Street

City	State	Zip Code
Fontana	CA	92335

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SA11AI.97817

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. EDGAR DEJESUSMailing Address 8 Ralph Street
First Floor

City	State	Zip Code
Bergenfield	NJ	07621-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93758

Amount of Each Receipt this Period

80.62

Full Name (Last, First, Middle Initial)

C. EDGAR DEJESUSMailing Address 8 Ralph Street
First Floor

City	State	Zip Code
Bergenfield	NJ	07621-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1612.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96045

Amount of Each Receipt this Period

80.62

SUBTOTAL of Receipts This Page (optional)..... ▶

181.24

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 217 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH DELOREY

Mailing Address 8 Beacon Street

City
BostonState
MAZip Code
02108-0000FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94262

Amount of Each Receipt this Period

108.92

Full Name (Last, First, Middle Initial)

B. TAMMY DELP MARCINIAKMailing Address 1212 Jefferson St., SE
Suite 300City
OlympiaState
WAZip Code
98501FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95701

Amount of Each Receipt this Period

11.50

Full Name (Last, First, Middle Initial)

C. TAMMY DELP MARCINIAKMailing Address 1212 Jefferson St., SE
Suite 300City
OlympiaState
WAZip Code
98501FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95853

Amount of Each Receipt this Period

11.50

SUBTOTAL of Receipts This Page (optional)..... ►

131.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 218 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL A. DELUKE

Mailing Address 844 Manchester Avenue

City	State	Zip Code
Kent	OH	44240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97165

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

B. MICHAEL A. DELUKE

Mailing Address 844 Manchester Avenue

City	State	Zip Code
Kent	OH	44240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.97237

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. ROBERT DENN

Mailing Address 347 Hudson Road

City	State	Zip Code
Sudbury	MA	01776-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.94311

Amount of Each Receipt this Period

8.35

SUBTOTAL of Receipts This Page (optional)..... ►

109.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 219 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT DENN

Mailing Address 347 Hudson Road

City

Sudbury

State

MA

Zip Code

01776-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94312

Amount of Each Receipt this Period

8.35

Full Name (Last, First, Middle Initial)

B. ROBERT DENN

Mailing Address 347 Hudson Road

City

Sudbury

State

MA

Zip Code

01776-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.94313

Amount of Each Receipt this Period

8.35

Full Name (Last, First, Middle Initial)

C. ROBERT DENN

Mailing Address 347 Hudson Road

City

Sudbury

State

MA

Zip Code

01776-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

342.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.94314

Amount of Each Receipt this Period

8.35

SUBTOTAL of Receipts This Page (optional)..... ►

25.05

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 220 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT DENN

Mailing Address 347 Hudson Road

City

Sudbury

State

MA

Zip Code

01776-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.94315

Amount of Each Receipt this Period

8.35

Full Name (Last, First, Middle Initial)

B. CHRISTIE J. DENNIS-SHERRARD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.96357

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CHRISTIE J. DENNIS-SHERRARD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96449

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

208.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTIE J. DENNIS-SHERRARD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	5		

Transaction ID : SA11AI.96555

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. SHARI R. DENNISON

Mailing Address 2049 State Route 598

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95017

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SHARI R. DENNISON

Mailing Address 2049 State Route 598

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95360

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHAWN M. DENNISON Full Name (Last, First, Middle Initial) Mailing Address 2012 Broadway Street City Springfield State OH Zip Code 45504 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95018 Amount of Each Receipt this Period 10.00
B. SHAWN M. DENNISON Full Name (Last, First, Middle Initial) Mailing Address 2012 Broadway Street City Springfield State OH Zip Code 45504 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95361 Amount of Each Receipt this Period 10.00
C. ERIN DERENZIS Full Name (Last, First, Middle Initial) Mailing Address 8 Beacon Street City Boston State MA Zip Code 02108-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94264 Amount of Each Receipt this Period 72.00
SUBTOTAL of Receipts This Page (optional)..... ▶			92.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CONSTANCE DERR

Mailing Address 111 Ranchitos

City State Zip Code
Corrales NM 87048

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1121.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.97590

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. JAMES WILLIAM DESMIDT

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96358

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. JAMES WILLIAM DESMIDT

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96450

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES WILLIAM DESMIDT

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : SA11AI.96556

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. GREG D. DEVEREUX

Mailing Address 3561 Kamilche Point Road

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1326.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95854

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. GREG D. DEVEREUX

Mailing Address 3561 Kamilche Point Road

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96211

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

149.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 225 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT L. DEVLIN

Mailing Address 216 E. 46th Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95702

Amount of Each Receipt this Period

11.75

Full Name (Last, First, Middle Initial)

B. ROBERT L. DEVLIN

Mailing Address 216 E. 46th Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95855

Amount of Each Receipt this Period

11.75

Full Name (Last, First, Middle Initial)

C. WILLIAM A. DEVORE

Mailing Address 4499 Stover Road

City

Ostrander

State

OH

Zip Code

43061

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

654.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97238

Amount of Each Receipt this Period

65.70

SUBTOTAL of Receipts This Page (optional)..... ▶

89.20

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 226 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SANDRA A. DHONDT

Mailing Address 225 Mallard Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96936

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. JOSE G. DIAZ

Mailing Address 2201 Broadway Street

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97928

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. ANASTASIA L. DIBARTOLOMEO

Mailing Address 2033 Turnpike Road

City

Elizabethtown

State

PA

Zip Code

17022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94028

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

68.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JASON DIBBLE

Mailing Address 303 12th Street SE

City	State	Zip Code
Austin	MN	55912-4229

FEC ID number of contributing federal political committee.

C

 Name of Employer
 AFSCME MN CN 5/STATE OF MN

 Occupation
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96697

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. BETH A. DIBENEDETTO

Mailing Address 4110 Factory Road

City	State	Zip Code
Albany	OH	45710

FEC ID number of contributing federal political committee.

C

 Name of Employer
 AFSCME OH LOC 4/ALEXANDER

 Occupation
 TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96937

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. PAUL K. DICK

Mailing Address 6399 Portsmouth Drive

City	State	Zip Code
Reynoldsburg	OH	43068

FEC ID number of contributing federal political committee.

C

 Name of Employer
 AFSCME OH LOC 11/STATE OF OH

 Occupation
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95019

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

189.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 228 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAUL K. DICK

Mailing Address 6399 Portsmouth Drive

City	State	Zip Code
Reynoldsburg	OH	43068

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95362

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CRYSTAL M. DI DOMENICO

Mailing Address 38426 Village Lane

City	State	Zip Code
Mechanicsville	MD	20659

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93759

Amount of Each Receipt this Period

45.31

Full Name (Last, First, Middle Initial)

C. CRYSTAL M. DI DOMENICO

Mailing Address 38426 Village Lane

City	State	Zip Code
Mechanicsville	MD	20659

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96046

Amount of Each Receipt this Period

45.31

SUBTOTAL of Receipts This Page (optional)..... ►

100.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 229 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEAN M. DIEDERICHMailing Address 4741 Grand Ave. So.
No. 3

City	State	Zip Code
Minneapolis	MN	55419-5443

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/HENNEPIN COUNTY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2941.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96698

Amount of Each Receipt this Period

244.00

Full Name (Last, First, Middle Initial)

B. RACHEL DIETZ

Mailing Address 1332 Fulton Street

City	State	Zip Code
Harrisburg	PA	17102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94029

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

C. JEANETTE DIFLORIO

Mailing Address 4296 Merriman Loop

City	State	Zip Code
Howell	MI	48843

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97056

Amount of Each Receipt this Period

30.29

SUBTOTAL of Receipts This Page (optional)..... ►

325.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEANETTE DIFLORIO

Mailing Address 4296 Merriman Loop

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SA11AI.97091

Amount of Each Receipt this Period

30.29

Full Name (Last, First, Middle Initial)

B. JEANETTE DIFLORIO

Mailing Address 4296 Merriman Loop

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	2		2	0	1	5		

Transaction ID : SA11AI.97127

Amount of Each Receipt this Period

30.29

Full Name (Last, First, Middle Initial)

C. LANE DILLON

Mailing Address 14537 London Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MD CN 67/PG.HED

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	1		2	0	1	5		

Transaction ID : SA11AI.97610

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LANE DILLON

Mailing Address 14537 London Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MD CN 67/PG.HED

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.97611

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHERI A. DIMMERMAN

Mailing Address 1237 E. Glenwood Court

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRAINING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94681

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SHERI A. DIMMERMAN

Mailing Address 1237 E. Glenwood Court

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRAINING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95020

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. SHERI A. DIMMERMAN</p> <p>Mailing Address 1237 E. Glenwood Court</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Amelia</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 45102</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation TRAINING OFFICER</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>			City Amelia	State OH	Zip Code 45102	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRAINING OFFICER	<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95363</p> <p>Amount of Each Receipt this Period 15.00</p>	
City Amelia	State OH	Zip Code 45102							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRAINING OFFICER								
<p>Full Name (Last, First, Middle Initial) B. NORMAND P. DIONNE</p> <p>Mailing Address 15-2692 Aweoweo Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Pahoa</td> <td style="width: 33%;">State HI</td> <td style="width: 33%;">Zip Code 96778</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME HI LOC 152</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 237.50</p>			City Pahoa	State HI	Zip Code 96778	Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt 10 / 01 / 2015 Transaction ID : SA11AI.97331</p> <p>Amount of Each Receipt this Period 25.00</p>	
City Pahoa	State HI	Zip Code 96778							
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) C. LISA DIVITTORE</p> <p>Mailing Address 4031 Executive Park Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Harrisburg</td> <td style="width: 33%;">State PA</td> <td style="width: 33%;">Zip Code 17111</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME PA CN 13</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 625.96</p>			City Harrisburg	State PA	Zip Code 17111	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt 10 / 08 / 2015 Transaction ID : SA11AI.94030</p> <p>Amount of Each Receipt this Period 61.72</p>	
City Harrisburg	State PA	Zip Code 17111							
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>101.72</p> <p></p>						

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEVIN DOEING

Mailing Address 316 Quittie Park Drive

City	State	Zip Code
Annvile	PA	17003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

879.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94031

Amount of Each Receipt this Period

86.68

Full Name (Last, First, Middle Initial)

B. RANDY J. DOMINIC

Mailing Address 821 Painter Street

City	State	Zip Code
Streator	IL	61364

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97711

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. RANDY J. DOMINIC

Mailing Address 821 Painter Street

City	State	Zip Code
Streator	IL	61364

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97712

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

161.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PETER DOMPIERE

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97058

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. PETER DOMPIERE

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97093

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. PETER DOMPIERE

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97129

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 235 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JUDITH DONALDSON

Mailing Address 48505 Highway 49

City	State	Zip Code
Annapolis	MO	63620

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	19	/	2015

Transaction ID : SA11AI.97798

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. LORI DONALDSON

Mailing Address 419 1/2 Grant Street

City	State	Zip Code
Franklin	PA	16323

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94032

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

C. DANNY DONOHUE

Mailing Address 10 Longview Drive

City	State	Zip Code
Clifton Park	NY	12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97981

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

95.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANNY DONOHUE

Mailing Address 10 Longview Drive

City	State	Zip Code
Clifton Park	NY	12061

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97987

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. DANNY DONOHUE

Mailing Address 10 Longview Drive

City	State	Zip Code
Clifton Park	NY	12061

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97999

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. DANNY DONOHUE

Mailing Address 10 Longview Drive

City	State	Zip Code
Clifton Park	NY	12061

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96212

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROLYN J. DORIC

Mailing Address 1098 Highspire Road

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97422

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LAWRENCE DORMAN

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051-0000

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.97684

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BRYAN DOSH

Mailing Address 1711 Norwood

City

Brainerd

State

MN

Zip Code

56401-3846

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.96699

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

64.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANNY DOUGLAS

Mailing Address 1723 Linn Hipsher Road

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.94682

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. DANNY DOUGLAS

Mailing Address 1723 Linn Hipsher Road

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95021

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. DANNY DOUGLAS

Mailing Address 1723 Linn Hipsher Road

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95364

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 239 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARCIA M. DOUGLAS-BUMGARNER

Mailing Address P.O. Box 232

City	State	Zip Code
Lyman	WA	98263

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95703

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. MARCIA M. DOUGLAS-BUMGARNER

Mailing Address P.O. Box 232

City	State	Zip Code
Lyman	WA	98263

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95856

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. DENISE J. DOWELL

Mailing Address 1319 Locust Street

City	State	Zip Code
Pennsylvania	PA	19125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2015					

Transaction ID : SA11AI.97988

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

35.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENISE J. DOWELL

Mailing Address 1319 Locust Street

City

Pennsylvania

State

PA

Zip Code

19125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.98000

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. HARVEY P. DOWNS JR.

Mailing Address 5072 Kingshill Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95022

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. HARVEY P. DOWNS JR.

Mailing Address 5072 Kingshill Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95365

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

29.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS C. DRABICK JR. Full Name (Last, First, Middle Initial) Mailing Address 982 Fortkort Drive City Reynoldsburg State OH Zip Code 43068 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96833 Amount of Each Receipt this Period 20.00
B. THOMAS C. DRABICK JR. Full Name (Last, First, Middle Initial) Mailing Address 982 Fortkort Drive City Reynoldsburg State OH Zip Code 43068 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96938 Amount of Each Receipt this Period 20.00
C. KELLY A. DRUSKIS-ABREU Full Name (Last, First, Middle Initial) Mailing Address 70 Southbridge Street Apt. 602 City Worcester State MA Zip Code 01608-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93/MEMBER Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94285 Amount of Each Receipt this Period 19.24
SUBTOTAL of Receipts This Page (optional)..... ▶			59.24
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 242 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JULIE L. DUNAWAYMailing Address 20544 US Highway 23
Lot 33

City	State	Zip Code
Chillicothe	OH	45601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT COMP. CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95023

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JULIE L. DUNAWAYMailing Address 20544 US Highway 23
Lot 33

City	State	Zip Code
Chillicothe	OH	45601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT COMP. CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95366

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRIDGETTE DUNCAN

Mailing Address 5072 Teddy Drive

City	State	Zip Code
Columbus	OH	43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95024

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 243 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIDGETTE DUNCAN Full Name (Last, First, Middle Initial) Mailing Address 5072 Teddy Drive City Columbus State OH Zip Code 43227 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95367 Amount of Each Receipt this Period 10.00
B. DENISE DUNCAN Full Name (Last, First, Middle Initial) Mailing Address 4251 Flintlock Lane City Westlake Village State CA Zip Code 91361 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94216 Amount of Each Receipt this Period 50.00
C. DENISE DUNCAN Full Name (Last, First, Middle Initial) Mailing Address 4251 Flintlock Lane City Westlake Village State CA Zip Code 91361 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.94223 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶		85.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 244 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENISE DUNCAN

Mailing Address 4251 Flintlock Lane

City State Zip Code
Westlake Village CA 91361

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2015

Transaction ID : SA11AI.97818

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ELAINE DUNCAN

Mailing Address 4315 Preston Highway
Suite 101

City State Zip Code
Louisville KY 40213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME KY CN 962

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.87

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.97616

Amount of Each Receipt this Period

17.73

Full Name (Last, First, Middle Initial)

C. ELAINE DUNCAN

Mailing Address 4315 Preston Highway
Suite 101

City State Zip Code
Louisville KY 40213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME KY CN 962

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.97617

Amount of Each Receipt this Period

17.73

SUBTOTAL of Receipts This Page (optional)..... ►

60.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 245 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WILLIAM D. DUNCAN

Mailing Address 888 Tradewind Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MASON CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96878

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. WILLIAM D. DUNCAN

Mailing Address 888 Tradewind Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MASON CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96939

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. SHERRY D. DUNN

Mailing Address 175 Integra Avenue SE

City

Salem

State

OR

Zip Code

97306

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

OPERATIONS & POLICY REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97539

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)..... ►

41.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 246 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES W. DURKIN

Mailing Address 8 Beacon Street

City
BostonState
MAZip Code
02108-0000FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

COMMUNICATIONS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94265

Amount of Each Receipt this Period

94.00

Full Name (Last, First, Middle Initial)

B. JEFFERY A. DUVENDACK

Mailing Address 2716 Randall Drive

City
OregonState
OHZip Code
43616FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MOTOR FLEET COORDINA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95025

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JEFFERY A. DUVENDACK

Mailing Address 2716 Randall Drive

City
OregonState
OHZip Code
43616FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MOTOR FLEET COORDINA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95368

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

114.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENNIS J. EAGLE

Mailing Address 5007 26th Avenue SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

DIRECTOR OF LPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.95857

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. JANELLE EARLEY

Mailing Address 14720 SE Wanda Drive

City

Milwaukie

State

OR

Zip Code

97267

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97540

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DINA E. EATON

Mailing Address 842 Martha Lane

City

Whitehall

State

OH

Zip Code

43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INFORMATION SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95026

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

130.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 248 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DINA E. EATON

Mailing Address 842 Martha Lane

City

Whitehall

State

OH

Zip Code

43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INFORMATION SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95369

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MICHAEL A. EBERLY

Mailing Address 6374 Wagner Drive

City

Fayetteville

State

PA

Zip Code

17222

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97423

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. ANN N. EBESUNO

Mailing Address 285 Kuhilani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97332

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

71.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VICKI ECHERDMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95858

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. LAURIE ECKELS

Mailing Address 42 Profio Road

City	State	Zip Code
McDonald	PA	15057

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94033

Amount of Each Receipt this Period

80.54

Full Name (Last, First, Middle Initial)

C. MARCIA A. EDENS

Mailing Address 404 2nd Street

City	State	Zip Code
Calamus	IA	52729

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96359

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

101.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 250 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARCIA A. EDENS

Mailing Address 404 2nd Street

City

Calamus

State

IA

Zip Code

52729

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96451

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MARCIA A. EDENS

Mailing Address 404 2nd Street

City

Calamus

State

IA

Zip Code

52729

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96557

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. PATRICIA A. EDWARDS

Mailing Address 720 Mox Chehalis Road

City

McCleary

State

WA

Zip Code

98557

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95705

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

41.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 251 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA A. EDWARDS Full Name (Last, First, Middle Initial) Mailing Address 720 Mox Chehalis Road City McCleary State WA Zip Code 98557 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95859 Amount of Each Receipt this Period 21.00
B. TINA L. EDWARDS Full Name (Last, First, Middle Initial) Mailing Address 126 Luthers Mills Road City Towanda State PA Zip Code 18848 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/NSP/LOCAL 3896 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94035 Amount of Each Receipt this Period 30.00
C. MARY P. EGAN Full Name (Last, First, Middle Initial) Mailing Address 2782 Ridgeview Lane City Red Wing State MN Zip Code 55066 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.96700 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶		71.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. **BONNIE J. EGGERS**

Mailing Address 108 W Burlington
#304

City State Zip Code
Agency IA 52530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96360

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. **BONNIE J. EGGERS**

Mailing Address 108 W Burlington
#304

City State Zip Code
Agency IA 52530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96452

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. **BONNIE J. EGGERS**

Mailing Address 108 W Burlington
#304

City State Zip Code
Agency IA 52530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96558

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MEGAN E. EIERMANMailing Address 2250 Ne Flanders
#8

City	State	Zip Code
Portland	OR	97232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

JOURNEY ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1619.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93762

Amount of Each Receipt this Period

84.28

Full Name (Last, First, Middle Initial)

B. MEGAN E. EIERMANMailing Address 2250 Ne Flanders
#8

City	State	Zip Code
Portland	OR	97232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

JOURNEY ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1703.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96049

Amount of Each Receipt this Period

84.28

Full Name (Last, First, Middle Initial)

C. RICKIE EILANDER

Mailing Address 4320 NW Second Avenue

City	State	Zip Code
Des Moines	IA	50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96559

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ▶

210.56

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 254 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN R. ELLENBERGER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96361

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. SUSAN R. ELLENBERGER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96453

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. SUSAN R. ELLENBERGER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96560

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 255 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THOMAS D. ELLETT

Mailing Address N60 W38448 Blackhawk Drive

City

Oconomowoc

State

WI

Zip Code

53066

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93763

Amount of Each Receipt this Period

36.37

Full Name (Last, First, Middle Initial)

B. THOMAS D. ELLETT

Mailing Address N60 W38448 Blackhawk Drive

City

Oconomowoc

State

WI

Zip Code

53066

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96050

Amount of Each Receipt this Period

36.37

Full Name (Last, First, Middle Initial)

C. GORDON K. ELLEY

Mailing Address 31517 36th Avenue S.

City

Auburn

State

WA

Zip Code

98001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95860

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

83.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HELEN H. ELLIOTT

Mailing Address 1408 Wyeth Street

City State Zip Code
Harrisburg PA 17102

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME PA CN 13/STATE OF PA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94036

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ZAID M. ELLIOTT

Mailing Address 1408 Wyeth Street

City State Zip Code
Harrisburg PA 17102

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation
ORGANIIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.54

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93764

Amount of Each Receipt this Period

22.72

Full Name (Last, First, Middle Initial)

C. ZAID M. ELLIOTT

Mailing Address 1408 Wyeth Street

City State Zip Code
Harrisburg PA 17102

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation
ORGANIIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96051

Amount of Each Receipt this Period

22.72

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAURA M. ELLIS

Mailing Address 7711 Sessis Drive

City	State	Zip Code
Worthington	OH	43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINSTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93765

Amount of Each Receipt this Period

27.32

Full Name (Last, First, Middle Initial)

B. LAURA M. ELLIS

Mailing Address 7711 Sessis Drive

City	State	Zip Code
Worthington	OH	43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINSTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96052

Amount of Each Receipt this Period

27.94

Full Name (Last, First, Middle Initial)

C. SUSAN K. EMSWILER

Mailing Address 606 LaFayette Street

City	State	Zip Code
Lancaster	PA	17603

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 2540

Occupation

HIGHER EDUCATION COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94037

Amount of Each Receipt this Period

36.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 258 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN A. ENGLISH Full Name (Last, First, Middle Initial) Mailing Address 1806 Riverview Road City Green Island State NY Zip Code 12183 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation INT'L UNION REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 822.51		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93766 Amount of Each Receipt this Period 43.29
B. JOHN A. ENGLISH Full Name (Last, First, Middle Initial) Mailing Address 1806 Riverview Road City Green Island State NY Zip Code 12183 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation INT'L UNION REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.80		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96053 Amount of Each Receipt this Period 43.29
C. JENNIFER L. ENNIS Full Name (Last, First, Middle Initial) Mailing Address 2621 Factory Road City Albany State OH Zip Code 45710 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/ALEXANDER Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96940 Amount of Each Receipt this Period 9.62
SUBTOTAL of Receipts This Page (optional)..... ▶		96.20
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 259 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERIK ERATH

Mailing Address 11575 Sunshine Terrace

City State Zip Code
 Studio City CA 91604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.94233

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ERIK ERATH

Mailing Address 11575 Sunshine Terrace

City State Zip Code
 Studio City CA 91604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.94242

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ERIK ERATH

Mailing Address 11575 Sunshine Terrace

City State Zip Code
 Studio City CA 91604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11AI.94251

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DARYL ERICKSON

Mailing Address 240 Parkridge Road

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

535.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.96561

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. KORIE E. ERICKSON

Mailing Address 31725 SE Dodge Park Blvd.

City

Gresham

State

OR

Zip Code

97080

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

CASE MANAGER I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97541

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. DEBBIE ERLER

Mailing Address 980 N Birch Street

City

Coquille

State

OR

Zip Code

97423

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

PLANNER I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97544

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

149.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. KURT ERRICKSON</p> <p>Mailing Address 224 No. Smith Avenue Apt. #12</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS MANAGER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 736.24</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96701</p> <p>Amount of Each Receipt this Period 73.68</p>
<p>Full Name (Last, First, Middle Initial) B. GILBERT ESCUDERO</p> <p>Mailing Address 14099 SW 17th Terrace</p> <p>City Miami State FL Zip Code 33175</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 328.51</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.93691</p> <p>Amount of Each Receipt this Period 32.89</p>
<p>Full Name (Last, First, Middle Initial) C. SUE ESHELMAN</p> <p>Mailing Address 45100 Carr Road</p> <p>City Collville State OH Zip Code 45723</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 202.02</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97167</p> <p>Amount of Each Receipt this Period 9.62</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		116.19
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 262 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUE ESHELMAN Full Name (Last, First, Middle Initial) Mailing Address 45100 Carr Road City Collville State OH Zip Code 45723 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97239 Amount of Each Receipt this Period 9.62
B. GEORGE ESTRIGHT Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City Harrisburg State PA Zip Code 17111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.46		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94038 Amount of Each Receipt this Period 76.12
C. MICHELLE R. EVANS Full Name (Last, First, Middle Initial) Mailing Address 10201 Galena Pointe Drive City Galena State OH Zip Code 43021 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 714.34		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97240 Amount of Each Receipt this Period 73.26
SUBTOTAL of Receipts This Page (optional)..... ▶		159.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN E. EVERETTS

Mailing Address 2704 Bella Via Avenue

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.96834

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. SUSAN E. EVERETTS

Mailing Address 2704 Bella Via Avenue

City

Columbus

State

OH

Zip Code

43231

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.96941

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. ANDREW L. EYINK

Mailing Address 20 Lex Ontario Road
Apt. 2

City

Mansfield

State

OH

Zip Code

44904

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95027

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

48.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREW L. EYINK

Mailing Address 20 Lex Ontario Road
Apt. 2

City State Zip Code
Mansfield OH 44904

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95370

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRADLEY P. FAIRCHILD

Mailing Address 500 S State Circle

City State Zip Code
Galion OH 44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95028

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRADLEY P. FAIRCHILD

Mailing Address 500 S State Circle

City State Zip Code
Galion OH 44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95371

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 265 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY FALK

Mailing Address 11236 Georgia Avenue North

City

North Champlin

State

MN

Zip Code

55316-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.96703

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. SHEILA FAMBRO

Mailing Address 1591 Sunny Acres Road

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN8/AKRON METRO

Occupation

MAINTENANCE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97168

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

C. SHEILA FAMBRO

Mailing Address 1591 Sunny Acres Road

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN8/AKRON METRO

Occupation

MAINTENANCE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97169

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)..... ►

93.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 266 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHEILA FAMBRO

Mailing Address 1591 Sunny Acres Road

City	State	Zip Code
Copley	OH	44321

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN8/AKRON METRO

Occupation

MAINTENANCE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.97241

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

B. ROBERT FANTAUZZO

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96835

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. ROBERT FANTAUZZO

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96942

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

81.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 267 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHAN FANTAUZZO Full Name (Last, First, Middle Initial) Mailing Address 4415 Fessenden Street NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation CHIEF OF STAFF TO THE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2501.45			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93767 Amount of Each Receipt this Period 132.73
B. STEPHAN FANTAUZZO Full Name (Last, First, Middle Initial) Mailing Address 4415 Fessenden Street NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation CHIEF OF STAFF TO THE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2634.18			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96054 Amount of Each Receipt this Period 132.73
C. PAULETTE A. FELD Full Name (Last, First, Middle Initial) Mailing Address 416 W 5th Avenue City Oshkosh State WI Zip Code 54902 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 24/STATE OF WI Occupation IS NETWORK SUP TECH I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015 Transaction ID : SA11AI.94302 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)..... ▶			305.46
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 268 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAULETTE A. FELD

Mailing Address 416 W 5th Avenue

City

Oshkosh

State

WI

Zip Code

54902

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.94303

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. RICHARD M. FELLERMailing Address 5480 Wisconsin Avenue
Apt. 1017

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1128.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93769

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

C. RICHARD M. FELLERMailing Address 5480 Wisconsin Avenue
Apt. 1017

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1187.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96056

Amount of Each Receipt this Period

59.37

SUBTOTAL of Receipts This Page (optional)..... ►

158.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 269 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JACQUELINE M. FERGUSON-MIYAMOTO

Mailing Address 1374 Mailani Street

City	State	Zip Code
Hilo	HI	96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97335

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. ANGELA FERRITTO

Mailing Address 1053 Newton Avenue

City	State	Zip Code
Erie	PA	16511

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94041

Amount of Each Receipt this Period

52.36

Full Name (Last, First, Middle Initial)

C. MICHELLE S. FICKEN

Mailing Address 1827 218th Street

City	State	Zip Code
Independence	IA	50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96454

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

104.03

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 270 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELLE S. FICKEN

Mailing Address 1827 218th Street

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96562

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GERALD F. FIDLER

Mailing Address 7123 Falcon Street

City

Annadale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

948.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.93977

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. GERALD F. FIDLER

Mailing Address 7123 Falcon Street

City

Annadale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

998.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93770

Amount of Each Receipt this Period

50.20

SUBTOTAL of Receipts This Page (optional)..... ►

105.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 271 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD F. FIDLER

Mailing Address 7123 Falcon Street

City

Annadale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1049.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96057

Amount of Each Receipt this Period

50.20

Full Name (Last, First, Middle Initial)

B. KIP G. FIELDS

Mailing Address 275 E Vine Street

City

Larue

State

OH

Zip Code

43332

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/OLENTANGY LSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.97754

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

C. KIP G. FIELDS

Mailing Address 275 E Vine Street

City

Larue

State

OH

Zip Code

43332

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/OLENTANGY LSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97755

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

91.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 272 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN J. FILAK Jr.

Mailing Address 6160 Clingan Road

City	State	Zip Code
Poland	OH	44514

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97242

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

B. DAVID FILLMAN

Mailing Address 2520 Helen Street

City	State	Zip Code
Hatboro	PA	19040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1693.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94042

Amount of Each Receipt this Period

150.90

Full Name (Last, First, Middle Initial)

C. DAVID FILLMAN

Mailing Address 2520 Helen Street

City	State	Zip Code
Hatboro	PA	19040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1707.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96213

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

254.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 273 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD FIRKUS

Mailing Address 44935 Deerfield Road

City

Sturgeon Lake

State

MN

Zip Code

55783-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

470.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96704

Amount of Each Receipt this Period

40.74

Full Name (Last, First, Middle Initial)

B. TODD R. FISHER

Mailing Address 219 N. Willow Street

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95029

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TODD R. FISHER

Mailing Address 219 N. Willow Street

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95372

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 274 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WYNN L. FISHER Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 525 City New Bradford State PA Zip Code 16140 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/NSP/LOCAL 2902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94043 Amount of Each Receipt this Period 300.00
B. RICHARD A. FLEMING Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 359 City Kapowsin State WA Zip Code 98344 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95862 Amount of Each Receipt this Period 10.50
C. TANJA FLOWERS Full Name (Last, First, Middle Initial) Mailing Address 145 Waldorf Drive City Dayton State OH Zip Code 45415 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95030 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			50.50
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 275 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TANJA FLOWERS Full Name (Last, First, Middle Initial) Mailing Address 145 Waldorf Drive City Dayton State OH Zip Code 45415 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95373 Amount of Each Receipt this Period 10.00
B. LARRY FLUE Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95863 Amount of Each Receipt this Period 10.50
C. EMILIA M. FLUHARTY Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 34 City Lafferty State OH Zip Code 43951 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/UNION LOCAL SD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96943 Amount of Each Receipt this Period 19.24
SUBTOTAL of Receipts This Page (optional)..... ▶			39.74
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 276 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EDDIE L. FOLSOM

Mailing Address 5631 Swan Avenue NE

City	State	Zip Code
N. Canton	OH	44721

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11Al.94198

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

B. ERON FOLSOM

Mailing Address 5631 Swan Avenue NE

City	State	Zip Code
Canton	OH	44721

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11Al.94199

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

C. NANETTE M. FOLSOM

Mailing Address 5631 Swan Avenue ne

City	State	Zip Code
North Canton	OH	44721

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11Al.96836

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

66.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 277 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NANETTE M. FOLSOM Full Name (Last, First, Middle Initial) Mailing Address 5631 Swan Avenue ne City North Canton State OH Zip Code 44721 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 775.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96944 Amount of Each Receipt this Period 25.00
B. STEVEN FOLSOM Full Name (Last, First, Middle Initial) Mailing Address 5631 Swan Avenue NE City Canton State OH Zip Code 44721 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94200 Amount of Each Receipt this Period 20.84
C. LARISSA R. FOOKS Full Name (Last, First, Middle Initial) Mailing Address 2622 Orchard Avenue City Los Angeles State CA Zip Code 90002 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA CN 36/WEST HOLLYWOOD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2015 Transaction ID : SA11AI.97576 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		55.84
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 278 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 36/WEST HOLLYWOOD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97577

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRUCE G. FORBES

Mailing Address 1127 Grant Avenue

City

Waterloo

State

IA

Zip Code

50702

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/MBR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94181

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

C. MICHAEL A. FORNEY

Mailing Address 2027 14th Street N.E.

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96363

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ▶

41.23

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 279 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL A. FORNEY

Mailing Address 2027 14th Street N.E.

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96455

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MICHAEL A. FORNEY

Mailing Address 2027 14th Street N.E.

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96563

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. SARA J. FORNEY

Mailing Address 2027 14th Street NE

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96364

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ▶

31.23

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 280 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SARA J. FORNEY

Mailing Address 2027 14th Street NE

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96456

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. SARA J. FORNEY

Mailing Address 2027 14th Street NE

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96564

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. JEFFREY S. FOWLERMailing Address 7664 Hinton Avenue South
Apt. #9

City

Cottage Grove

State

MN

Zip Code

55016

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

594.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96705

Amount of Each Receipt this Period

59.52

SUBTOTAL of Receipts This Page (optional)..... ▶

80.34

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUZANNE M. FOX

Mailing Address 4200 Chestnut Hills Road

City State Zip Code
Newark OH 43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/NEWARK CITY

Occupation

EDUCATIONAL/TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.96880

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. SUZANNE M. FOX

Mailing Address 4200 Chestnut Hills Road

City State Zip Code
Newark OH 43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/NEWARK CITY

Occupation

EDUCATIONAL/TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.96945

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. WALTER FRANCIS

Mailing Address 1002 Cypress Road

City State Zip Code
Wilmington DE 19810

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94044

Amount of Each Receipt this Period

76.12

SUBTOTAL of Receipts This Page (optional)..... ►

95.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 282 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GARETH J. FRANK

Mailing Address 2309 Parkway

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

784.92

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				01				2015					

Transaction ID : SA11AI.93692

Amount of Each Receipt this Period

78.96

Full Name (Last, First, Middle Initial)

B. BARBARA G. FRANKENBURG

Mailing Address 26 George Junior Road

City

Grove City

State

PA

Zip Code

16127

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/PASSHE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				30				2015					

Transaction ID : SA11AI.97515

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. REBECCA FRANKENOFF

Mailing Address 8041 Miami Avenue

City

Madeira

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

366.94

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2015					

Transaction ID : SA11AI.97243

Amount of Each Receipt this Period

52.42

SUBTOTAL of Receipts This Page (optional)..... ▶

151.38

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENNIS D. FRAZIER

Mailing Address 2677 Greenfield Drive

City

State

Zip Code

Zim

MN

55738

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/ST. LOUIS CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.96332

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DENNIS D. FRAZIER

Mailing Address 2677 Greenfield Drive

City

State

Zip Code

Zim

MN

55738

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/ST. LOUIS CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.96333

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. DENNIS D. FRAZIER

Mailing Address 2677 Greenfield Drive

City

State

Zip Code

Zim

MN

55738

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/ST. LOUIS CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.96706

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 284 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REGINA C. FREEMAN

Mailing Address 1953 Jared Place

City	State	Zip Code
LIMA	OH	45805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CIVIL RIGHTS INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95031

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. REGINA C. FREEMAN

Mailing Address 1953 Jared Place

City	State	Zip Code
LIMA	OH	45805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CIVIL RIGHTS INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95374

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DONALD I. FREES

Mailing Address 131 West Oley Street

City	State	Zip Code
Allentown	PA	19601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 462

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94045

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 285 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HENRI FREITAS

Mailing Address 1374 Mailani Street

City	State	Zip Code
Hilo	HI	96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97336

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. SCOTT L. FREY

Mailing Address 618 S. Payne Street

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FEDERAL GOVERNMENT AFFAI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1979.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93771

Amount of Each Receipt this Period

114.11

Full Name (Last, First, Middle Initial)

C. SCOTT L. FREY

Mailing Address 618 S. Payne Street

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FEDERAL GOVERNMENT AFFAI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2093.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96058

Amount of Each Receipt this Period

114.11

SUBTOTAL of Receipts This Page (optional)..... ►

268.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 286 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEFFRIE J. FRONTERA

Mailing Address 5263 Dyke Street

City

Pittsburgh

State

PA

Zip Code

15207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 297

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94046

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. THOMAS C. FROST

Mailing Address P.O. Box 822

9 Smith Street

City

Moravia

State

NY

Zip Code

13118

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS INST.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.98059

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. THOMAS C. FROST

Mailing Address P.O. Box 822

9 Smith Street

City

Moravia

State

NY

Zip Code

13118

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS INST.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.98075

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

69.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 287 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CATHRIN E. FRYE

Mailing Address P.O. Box 252

City

So. Prairie

State

WA

Zip Code

98385

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95864

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. JAMES E. FRYE

Mailing Address 11510 Waesche Drive

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF SPECIALIST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

741.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93772

Amount of Each Receipt this Period

39.79

Full Name (Last, First, Middle Initial)

C. JAMES E. FRYE

Mailing Address 11510 Waesche Drive

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF SPECIALIST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96059

Amount of Each Receipt this Period

39.79

SUBTOTAL of Receipts This Page (optional)..... ►

90.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 288 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK J. FRYMOYER

Mailing Address 518 Reuel Avenue

City

Kellogg

State

IA

Zip Code

50134

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.96565

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. GAIL FUJIMOTOMailing Address 888 Mililani Street
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97337

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN FULLER

Mailing Address 467 Richland Avenue

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97171

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

117.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 289 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHLEEN FULLER

Mailing Address 467 Richland Avenue

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97244

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. MICHAEL A. FUNK

Mailing Address 252 6th Avenue

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95032

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHAEL A. FUNK

Mailing Address 252 6th Avenue

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95375

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

29.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 290 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KERRI GALLAGHER

Mailing Address 8 South Main Street

City

Mountain Top

State

PA

Zip Code

18707

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94047

Amount of Each Receipt this Period

121.56

Full Name (Last, First, Middle Initial)

B. JOHN GALUSKA

Mailing Address 205 Green Vista Drive

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94048

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. PAUL H. GAMMEL

Mailing Address 47390 Acacia Trail

City

Stanchfield

State

MN

Zip Code

55080

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.96707

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

237.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 291 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEO J. GANSEN

Mailing Address 7357 Placid Road

City

Epworth

State

IA

Zip Code

52045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96365

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

B. LEO J. GANSEN

Mailing Address 7357 Placid Road

City

Epworth

State

IA

Zip Code

52045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96457

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. LEO J. GANSEN

Mailing Address 7357 Placid Road

City

Epworth

State

IA

Zip Code

52045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96566

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)..... ►

31.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 292 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALBERTO GARCIA

Mailing Address 7236 Kindred Street

City

Philadelphia

State

PA

Zip Code

19149

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 33/CITY OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.97778

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ALBERTO GARCIA

Mailing Address 7236 Kindred Street

City

Philadelphia

State

PA

Zip Code

19149

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 33/CITY OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA11AI.97779

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DEBRA L. GARCIA

Mailing Address 449 College Avenue

City

Richmond

State

IN

Zip Code

47374

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1217.94

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93773

Amount of Each Receipt this Period

64.94

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. **DEBRA L. GARCIA**

Mailing Address 449 College Avenue

City

Richmond

State

IN

Zip Code

47374

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1282.88

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96060

Amount of Each Receipt this Period

64.94

Full Name (Last, First, Middle Initial)

B. **JENNIFER R. GARCIA**

Mailing Address 2123 Plazuela Vista

City

Santa Fe

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

603.96

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93774

Amount of Each Receipt this Period

35.02

Full Name (Last, First, Middle Initial)

C. **JENNIFER R. GARCIA**

Mailing Address 2123 Plazuela Vista

City

Santa Fe

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

638.98

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96061

Amount of Each Receipt this Period

35.02

SUBTOTAL of Receipts This Page (optional)..... ►

134.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 294 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREGORY N. GARDNER

Mailing Address 1430 Chestnut Street

City

Dover

State

OH

Zip Code

44622

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CANTON CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.96881

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. GREGORY N. GARDNER

Mailing Address 1430 Chestnut Street

City

Dover

State

OH

Zip Code

44622

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CANTON CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96946

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2003.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97059

Amount of Each Receipt this Period

117.83

SUBTOTAL of Receipts This Page (optional)..... ►

137.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 295 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2120.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97094

Amount of Each Receipt this Period

117.83

Full Name (Last, First, Middle Initial)

B. ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2238.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97130

Amount of Each Receipt this Period

117.83

Full Name (Last, First, Middle Initial)

C. ROBERT A. GARRETT

Mailing Address 5621 Wigmore Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

528.12

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97245

Amount of Each Receipt this Period

53.02

SUBTOTAL of Receipts This Page (optional)..... ►

288.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 296 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHLEEN P. GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2015					

Transaction ID : SA11AI.97989

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN P. GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2015					

Transaction ID : SA11AI.98001

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. RICHARD B. GARRISON

Mailing Address 818 Meredith Street

City

Dayton

State

OH

Zip Code

45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95033

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD B. GARRISON Full Name (Last, First, Middle Initial) Mailing Address 818 Meredith Street City Dayton State OH Zip Code 45402 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95376 Amount of Each Receipt this Period 10.00
B. WENDY J GASKILL Full Name (Last, First, Middle Initial) Mailing Address 4708 17th Avenue S. City Minneapolis State MN Zip Code 55407 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.97944 Amount of Each Receipt this Period 20.00
C. JON A. GASPER Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4251 City Honolulu State HI Zip Code 96812-4251 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97338 Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)..... ▶			51.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 298 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL J. GASS

Mailing Address 6602 SE Sundancer

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96366

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL J. GASS

Mailing Address 6602 SE Sundancer

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96458

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHAEL J. GASS

Mailing Address 6602 SE Sundancer

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96567

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALLEN B. GASTON

Mailing Address 341 W. Union Road

City

Shelocta

State

PA

Zip Code

15774

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.97427

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

B. DANIEL R. GATES

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96459

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. DANIEL R. GATES

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96568

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

55.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BOMANI GATEWOOD

Mailing Address 2201 Broadway Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.97929

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

B. KAREN GEE

Mailing Address 8335 Banbury Street

City	State	Zip Code
Cincinnati	OH	45216

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EXTERNAL AUDITOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94695

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. KAREN GEE

Mailing Address 8335 Banbury Street

City	State	Zip Code
Cincinnati	OH	45216

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EXTERNAL AUDITOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95034

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ▶

59.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 301 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAREN GEE

Mailing Address 8335 Banbury Street

City

Cincinnati

State

OH

Zip Code

45216

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EXTERNAL AUDITOR III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

383.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95377

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBERT C. GEHLBACH

Mailing Address 3999 Rauch Street

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97428

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JENNIFER GEORGE

Mailing Address 201 North 36th Street

City

Camp Hill

State

PA

Zip Code

17011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

823.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94049

Amount of Each Receipt this Period

83.20

SUBTOTAL of Receipts This Page (optional)..... ▶

143.20

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 302 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KIMBERLY D. GEORGE			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94050		
Mailing Address 1099 Vine Street			Amount of Each Receipt this Period 36.86		
City Nanty Glo	State PA	Zip Code 15943			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 329.40			
Full Name (Last, First, Middle Initial) B. MICHAEL GERSTENSLAGER			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95035		
Mailing Address 22090 S lake Shore Blvd.			Amount of Each Receipt this Period 10.00		
City Euclid	State OH	Zip Code 44123			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation BRIDGE SPECIALIST I			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			
Full Name (Last, First, Middle Initial) C. MICHAEL GERSTENSLAGER			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95378		
Mailing Address 22090 S lake Shore Blvd.			Amount of Each Receipt this Period 10.00		
City Euclid	State OH	Zip Code 44123			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation BRIDGE SPECIALIST I			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			56.86		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 303 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTOPHER L. GEYER Full Name (Last, First, Middle Initial) Mailing Address 7394 Timothy Street City North Ridgeville State OH Zip Code 44039 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94697 Amount of Each Receipt this Period 14.00
B. CHRISTOPHER L. GEYER Full Name (Last, First, Middle Initial) Mailing Address 7394 Timothy Street City North Ridgeville State OH Zip Code 44039 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95036 Amount of Each Receipt this Period 14.00
C. CHRISTOPHER L. GEYER Full Name (Last, First, Middle Initial) Mailing Address 7394 Timothy Street City North Ridgeville State OH Zip Code 44039 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95379 Amount of Each Receipt this Period 14.00
SUBTOTAL of Receipts This Page (optional)..... ▶		42.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 304 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THOMAS GIBBS

Mailing Address 152 Upper Clear Road

City
ClaysburgState
PAZip Code
16625FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94051

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

B. CRAIG W. GIBELYOU

Mailing Address 10905 132nd Street E

City
PuyallupState
WAZip Code
98374FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95710

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. CRAIG W. GIBELYOU

Mailing Address 10905 132nd Street E

City
PuyallupState
WAZip Code
98374FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.95866

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

126.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 305 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATTHEW G. GIBSON

Mailing Address 5258 Genoa Farms Blvd.

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95037

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MATTHEW G. GIBSON

Mailing Address 5258 Genoa Farms Blvd.

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95380

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RONDA R. GIBSON

Mailing Address 4535 Cynthia Drive

City

Enon

State

OH

Zip Code

45323

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94699

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

33.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 306 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. RONDA R. GIBSON			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95038		
Mailing Address 4535 Cynthia Drive City Enon State OH Zip Code 45323			Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00			
Full Name (Last, First, Middle Initial) B. RONDA R. GIBSON			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95381		
Mailing Address 4535 Cynthia Drive City Enon State OH Zip Code 45323			Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.00			
Full Name (Last, First, Middle Initial) C. DELLA L. GILES			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94700		
Mailing Address 1265 Manchester Avenue City Columbus State OH Zip Code 43211			Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation DATA ENTRY OPERATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			38.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 307 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DELLA L. GILES

Mailing Address 1265 Manchester Avenue

City	State	Zip Code
Columbus	OH	43211

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DATA ENTRY OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95039

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. DELLA L. GILES

Mailing Address 1265 Manchester Avenue

City	State	Zip Code
Columbus	OH	43211

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DATA ENTRY OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95382

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. LENORA R. GILES

Mailing Address 40778 Boyd Road

City	State	Zip Code
Wellsville	OH	43968

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96837

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

54.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 308 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LENORA R. GILES

Mailing Address 40778 Boyd Road

City
WellsvilleState
OHZip Code
43968FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96947

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. GARY L. GILLESPIE

Mailing Address P.O. Box 1

City
EugeneState
ORZip Code
97440FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

CUST ACCTS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97545

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DOROTHY L. GILLIAM

Mailing Address 1216 Waterford Drive

City
District HeightsState
MDZip Code
20747FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93776

Amount of Each Receipt this Period

48.86

SUBTOTAL of Receipts This Page (optional)..... ►

108.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOROTHY L. GILLIAM

Mailing Address 1216 Waterford Drive

City

District Heights

State

MD

Zip Code

20747

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96063

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

B. HARRY Y. GIMA

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97941

Amount of Each Receipt this Period

20.85

Full Name (Last, First, Middle Initial)

C. ANTHONY GINGELLO

Mailing Address 10 Trails End

City

Rochester

State

NY

Zip Code

14624

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY CN 66

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.97768

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 310 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TODD O. GIVENS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96460

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. TODD O. GIVENS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96569

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. RONALD GIZZARELLI

Mailing Address 1625 L Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.93693

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

119.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 311 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRIAN L. GLADDEN

Mailing Address 740 Elm Street

City

Edmonds

State

WA

Zip Code

98020

FEC ID number of contributing
federal political committee.
C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

10 / 09 / 2015
Transaction ID : **SA11AI.95711**

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. BRIAN L. GLADDEN

Mailing Address 740 Elm Street

City

Edmonds

State

WA

Zip Code

98020

FEC ID number of contributing
federal political committee.
C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

10 / 26 / 2015
Transaction ID : **SA11AI.95867**

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. ANTHONY T. GLUMM

Mailing Address 403 W Jenny Street

City

Bay City

State

MI

Zip Code

48706

FEC ID number of contributing
federal political committee.
C

Name of Employer

AFSCME MI CN 25/GENESEE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 20 / 2015
Transaction ID : **SA11AI.97131**

Amount of Each Receipt this Period

10.00
SUBTOTAL of Receipts This Page (optional)..... ►

34.00
TOTAL This Period (last page this line number only)..... ►

34.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 312 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA M. GLYNN Full Name (Last, First, Middle Initial) Mailing Address 55 Aberdeen Avenue City Cambridge State MA Zip Code 02138-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93 Occupation DIRECTOR OF STRATEGIC PLANNING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 925.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94266 Amount of Each Receipt this Period 92.50
B. SHERYL L. GOBLE Full Name (Last, First, Middle Initial) Mailing Address 3411 CR 165 City Cardington State OH Zip Code 43315 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/BUCKEYE VLSD Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96948 Amount of Each Receipt this Period 19.24
C. TERRY L. GOEHRING Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96369 Amount of Each Receipt this Period 10.41
SUBTOTAL of Receipts This Page (optional)..... ▶			122.15
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 313 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERRY L. GOEHRING Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.61			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96461 Amount of Each Receipt this Period 10.41
B. TERRY L. GOEHRING Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96570 Amount of Each Receipt this Period 10.41
C. CONSTANCE GOGOE Full Name (Last, First, Middle Initial) Mailing Address 190 W. Ostend Street Suite 101 City Baltimore State MD Zip Code 21230 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.97615 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			40.82
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 314 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JONATHAN C. GOGOL Full Name (Last, First, Middle Initial) Mailing Address 209 Grove Street City Walbridge State OH Zip Code 43465 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LPN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95040 Amount of Each Receipt this Period 10.00
B. JONATHAN C. GOGOL Full Name (Last, First, Middle Initial) Mailing Address 209 Grove Street City Walbridge State OH Zip Code 43465 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LPN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95383 Amount of Each Receipt this Period 10.00
C. RICHARD GOLLIN Full Name (Last, First, Middle Initial) Mailing Address 900 Randolph Place City Union State NJ Zip Code 07083-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NJ CN 52 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 987.36			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96214 Amount of Each Receipt this Period 14.00
SUBTOTAL of Receipts This Page (optional)..... ▶			34.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 315 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD GOLLIN Full Name (Last, First, Middle Initial) Mailing Address 900 Randolph Place City Union State NJ Zip Code 07083-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NJ CN 52 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1093.28		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97601 Amount of Each Receipt this Period 105.92
B. SETH GOLLIN Full Name (Last, First, Middle Initial) Mailing Address 5 Randolph Place Apt. 1C City Montclair State NJ Zip Code 07042-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NJ CN 52 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 470.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97602 Amount of Each Receipt this Period 70.00
C. JAMES R. GOLLINGS Jr. Full Name (Last, First, Middle Initial) Mailing Address 40 Rathbone City Columbus State OH Zip Code 43214 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.80		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96838 Amount of Each Receipt this Period 41.54
SUBTOTAL of Receipts This Page (optional)..... ▶		217.46
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES R. GOLLINGS Jr.

Mailing Address 40 Rathbone

City	State	Zip Code
Columbus	OH	43214

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.96949

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. KATIE A. GOMBERT

Mailing Address 11217 Chestnut Square

City	State	Zip Code
Miamisburg	OH	45342

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.95041

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. KATIE A. GOMBERT

Mailing Address 11217 Chestnut Square

City	State	Zip Code
Miamisburg	OH	45342

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.95384

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JESSE GONZALEZ

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95870

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. LAURA A. GONZALEZ

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.95713

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

C. LAURA A. GONZALEZ

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95871

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 318 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHNATHON P. GOOD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

10 / 02 / 2015

Transaction ID : SA11AI.96370

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. JOHNATHON P. GOOD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

10 / 15 / 2015

Transaction ID : SA11AI.96462

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. JOHNATHON P. GOOD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.96571

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICIA GORDON

Mailing Address 112 Chesbrough Road

City

West Roxbury

State

MA

Zip Code

02132-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93778

Amount of Each Receipt this Period

26.95

Full Name (Last, First, Middle Initial)

B. PATRICIA GORDON

Mailing Address 112 Chesbrough Road

City

West Roxbury

State

MA

Zip Code

02132-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96067

Amount of Each Receipt this Period

26.95

Full Name (Last, First, Middle Initial)

C. PERRY GORDON

Mailing Address P.O. Box 1123

City

Roy

State

WA

Zip Code

98580

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95872

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

133.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. SHERRYL GORDON</p> <p>Mailing Address 2930 South Broad Street</p> <p>City State Zip Code Trenton NJ 08610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME NJ CN 1 EXECUTIVE DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 391.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.97605</p> <p>Amount of Each Receipt this Period 78.20</p>	
<p>Full Name (Last, First, Middle Initial) B. TIMOTHY A. GORDON</p> <p>Mailing Address 802 Wier Street</p> <p>City State Zip Code Muscatine IA 52761</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.20</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.96371</p> <p>Amount of Each Receipt this Period 10.41</p>	
<p>Full Name (Last, First, Middle Initial) C. TIMOTHY A. GORDON</p> <p>Mailing Address 802 Wier Street</p> <p>City State Zip Code Muscatine IA 52761</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 218.61</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015</p> <p>Transaction ID : SA11AI.96463</p> <p>Amount of Each Receipt this Period 10.41</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>99.02</p> <p></p>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 321 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIMOTHY A. GORDON Full Name (Last, First, Middle Initial) Mailing Address 802 Wier Street City Muscatine State IA Zip Code 52761 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96572 Amount of Each Receipt this Period 10.41
B. WILLIAM H. GORDON JR. Full Name (Last, First, Middle Initial) Mailing Address 7203 Van Kirk Avenue City Cincinnati State OH Zip Code 45216 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94703 Amount of Each Receipt this Period 15.00
C. WILLIAM H. GORDON JR. Full Name (Last, First, Middle Initial) Mailing Address 7203 Van Kirk Avenue City Cincinnati State OH Zip Code 45216 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95042 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶			40.41
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 322 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM H. GORDON JR. Full Name (Last, First, Middle Initial) Mailing Address 7203 Van Kirk Avenue City Cincinnati State OH Zip Code 45216 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95385 Amount of Each Receipt this Period 15.00
B. GARY C. GORSKI Full Name (Last, First, Middle Initial) Mailing Address 730 11th Street NE Apt. 402 City Washington State DC Zip Code 20002 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 271.84			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93779 Amount of Each Receipt this Period 30.92
C. GARY C. GORSKI Full Name (Last, First, Middle Initial) Mailing Address 730 11th Street NE Apt. 402 City Washington State DC Zip Code 20002 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.76			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96068 Amount of Each Receipt this Period 30.92
SUBTOTAL of Receipts This Page (optional)..... ▶			76.84
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANA M. GOUIN

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93780

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. DANA M. GOUIN

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96069

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. JOHN S. GRABEL

Mailing Address 563 Park Lane

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.65

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93781

Amount of Each Receipt this Period

45.15

SUBTOTAL of Receipts This Page (optional)..... ►

115.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 324 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN S. GRABEL

Mailing Address 563 Park Lane

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

901.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96070

Amount of Each Receipt this Period

45.15

Full Name (Last, First, Middle Initial)

B. KERRY GRABERMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95714

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. KERRY GRABERMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95873

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)..... ▶

83.15

TOTAL This Period (last page this line number only)..... ▶

PAGE 325 OF 1006

✗	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

1094.31

57.79

1152.10

57.79

807.87

38.47

154.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 326 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BONNIE L. GRANTZ

Mailing Address 3898 Ascott Court

City

Youngstown

State

OH

Zip Code

44511

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AUSTINTOWN LSD

Occupation

BUS DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96950

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

B. DEENA K. GRAY

Mailing Address 114 Muirwood Drive

City

Mount Sterling

State

OH

Zip Code

43143

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95043

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DEENA K. GRAY

Mailing Address 114 Muirwood Drive

City

Mount Sterling

State

OH

Zip Code

43143

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95386

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

58.47

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 327 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. R. SEAN GRAYSON Full Name (Last, First, Middle Initial) Mailing Address 10201 Galena Pointe Drive City Galena State OH Zip Code 43021 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1085.68		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97246 Amount of Each Receipt this Period 109.00
B. JONATHAN GREBNER Full Name (Last, First, Middle Initial) Mailing Address 840 Randolph Avenue City Saint Paul State MN Zip Code 55126 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/CN14 Occupation POLITICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 692.37		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96708 Amount of Each Receipt this Period 77.72
C. DOUGLAS A. GREEN Full Name (Last, First, Middle Initial) Mailing Address 405 Colton Avenue City Bellefontaine State OH Zip Code 43311 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation AUTOMOTIVE MECHANIC TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95044 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		196.72
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 328 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOUGLAS A. GREEN

Mailing Address 405 Colton Avenue

City

Bellefontaine

State

OH

Zip Code

43311

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

AUTOMOTIVE MECHANIC TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95387

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.93694

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. SCOTT C. GREENE

Mailing Address 23 Weaver Way

City

North Lewisburg

State

OH

Zip Code

43060

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95045

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 329 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SCOTT C. GREENE

Mailing Address 23 Weaver Way

City

North Lewisburg

State

OH

Zip Code

43060

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95388

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ABBIE L. GREGORY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96372

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. ABBIE L. GREGORY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96464

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

30.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 330 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ABBIE L. GREGORY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96573

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. RUBY F. GREINER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96373

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. RUBY F. GREINER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96465

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

31.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 331 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RUBY F. GREINER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96574

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1623.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93784

Amount of Each Receipt this Period

85.44

Full Name (Last, First, Middle Initial)

C. STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1708.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96073

Amount of Each Receipt this Period

85.44

SUBTOTAL of Receipts This Page (optional)..... ►

181.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 332 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRIS GRIFFIN

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96839

Amount of Each Receipt this Period

29.20

Full Name (Last, First, Middle Initial)

B. CHRIS GRIFFIN

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96951

Amount of Each Receipt this Period

29.20

Full Name (Last, First, Middle Initial)

C. DAVID A. GRIFFIN

Mailing Address 2222 N Hadley Road

City	State	Zip Code
Springfield	OH	45505

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95046

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

68.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 333 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAVID A. GRIFFIN

Mailing Address 2222 N Hadley Road

City

Springfield

State

OH

Zip Code

45505

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95389

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KIMBERLY GRIFFIN

Mailing Address 2456 Five Fathom Circle

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

744.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93785

Amount of Each Receipt this Period

39.18

Full Name (Last, First, Middle Initial)

C. KIMBERLY GRIFFIN

Mailing Address 2456 Five Fathom Circle

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

783.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96074

Amount of Each Receipt this Period

39.18

SUBTOTAL of Receipts This Page (optional)..... ►

88.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 334 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REBECCA J. GRIFFIN

Mailing Address 5139 State Route 19

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94708

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. REBECCA J. GRIFFIN

Mailing Address 5139 State Route 19

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95047

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. REBECCA J. GRIFFIN

Mailing Address 5139 State Route 19

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95390

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 335 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALIA GRIFFING

Mailing Address 1315 Smith Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LOBBYIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95874

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. ROGER GRIFFITH

Mailing Address 5 Oakwood Lane

City	State	Zip Code
Auburn	IL	62615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97713

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. SUZANNE L. GRIFFITH

Mailing Address 10 El Prado Court

City	State	Zip Code
Martinez	CA	94553

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 57/SAN MATEO CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97866

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

113.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 336 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHY A. GRIFFITHS

Mailing Address 736 Griffith Road

City

Hastings

State

PA

Zip Code

16646

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97429

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. LYLE B GRIMES

Mailing Address 9503 Emery Hill Drive

City

Sugarland

State

TX

Zip Code

77498

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

693.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93786

Amount of Each Receipt this Period

36.61

Full Name (Last, First, Middle Initial)

C. LYLE B GRIMES

Mailing Address 9503 Emery Hill Drive

City

Sugarland

State

TX

Zip Code

77498

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96075

Amount of Each Receipt this Period

36.61

SUBTOTAL of Receipts This Page (optional)..... ►

113.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONALD GRINER

Mailing Address 1809 Philadelphia Avenue

City

Northern Cambria

State

PA

Zip Code

15714

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.94052

Amount of Each Receipt this Period

48.08

Full Name (Last, First, Middle Initial)

B. THEODORE RALPH GROENER

Mailing Address 18709 Madrona Drive

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

POLITICAL COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97546

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. OTTO GROENEWALD

Mailing Address Route 9 Box 154

City

Bloomfield

State

IA

Zip Code

52537

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.97954

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

83.08

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 339 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHEILA A. GUENTHNER

Mailing Address 241 Howman Avenue

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94710

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SHEILA A. GUENTHNER

Mailing Address 241 Howman Avenue

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95049

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SHEILA A. GUENTHNER

Mailing Address 241 Howman Avenue

City

Hamilton

State

OH

Zip Code

45011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95392

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 340 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. PATRICK J. GUERNSEY</p> <p>Mailing Address 961 Tuscarora Avenue</p> <p>City State Zip Code St. Paul MN 55102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/HENNEPIN COUNTY CORRECITONS OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96709</p> <p>Amount of Each Receipt this Period 30.00</p>
<p>Full Name (Last, First, Middle Initial) B. FREDERICK W. GUERRE</p> <p>Mailing Address 202 Kellywood Manor</p> <p>City State Zip Code New Kensington PA 15068</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97430</p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) C. JENNIFER GUERTIN</p> <p>Mailing Address 1053 Hatch Avenue</p> <p>City State Zip Code St. Paul MN 55103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/ST. PAUL CITY STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 299.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96710</p> <p>Amount of Each Receipt this Period 26.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		76.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 341 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOAN GUESS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2015					

Transaction ID : SA11AI.96374

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. JOAN GUESS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2015					

Transaction ID : SA11AI.96466

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. JOAN GUESS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2015					

Transaction ID : SA11AI.96575

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

31.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELENA GUILFOIL

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.95715

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. ELENA GUILFOIL

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.95875

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. GREGG GUNTHER

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.95716

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 343 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREGG GUNTHER

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95876

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. CAROL GUTHRIE

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2015					

Transaction ID : SA11AI.97580

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DEAN A. GUY

Mailing Address 126 Village Gate Blvd.

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95050

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

44.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 344 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEAN A. GUY

Mailing Address 126 Village Gate Blvd.

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95393

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JOSEPH M. GUZYNSKIMailing Address 2543 Cornelia Trail
Unit J

City

Woodbury

State

MN

Zip Code

55125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2456.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93787

Amount of Each Receipt this Period

132.91

Full Name (Last, First, Middle Initial)

C. JOSEPH M. GUZYNSKIMailing Address 2543 Cornelia Trail
Unit J

City

Woodbury

State

MN

Zip Code

55125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2588.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96076

Amount of Each Receipt this Period

132.91

SUBTOTAL of Receipts This Page (optional)..... ►

275.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 345 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOREEN D. HAAS

Mailing Address 630 Maris Street

City

Philadelphia

State

PA

Zip Code

19128

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97431

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. BRYAN S. HAGERMAN

Mailing Address 1000 W Main Street

City

West Jefferson

State

OH

Zip Code

43162

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95051

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRYAN S. HAGERMAN

Mailing Address 1000 W Main Street

City

West Jefferson

State

OH

Zip Code

43162

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95394

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 346 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CONNIE HAHN

Mailing Address 501 Aberdeen Drive

City	State	Zip Code
Middletown	OH	45042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DELIVERY WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95052

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CONNIE HAHN

Mailing Address 501 Aberdeen Drive

City	State	Zip Code
Middletown	OH	45042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DELIVERY WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95395

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MARIJO HAIN

Mailing Address 716 Bob Ehlen Drive

City	State	Zip Code
Anoka	MN	55303-1701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96711

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 347 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONALD HAINES

Mailing Address 451 Walnut Street

City

Columbia

State

PA

Zip Code

17512

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97432

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KENNETH S. HALDEMAN

Mailing Address 3055 22nd Street NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95053

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KENNETH S. HALDEMAN

Mailing Address 3055 22nd Street NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95396

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DERRYL HALL

Mailing Address 80 Cambridge Drive

City State Zip Code
 Springboro OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.96840

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

B. DERRYL HALL

Mailing Address 80 Cambridge Drive

City State Zip Code
 Springboro OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.85

Date of Receipt

10 / 22 / 2015

Transaction ID : SA11AI.96952

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

C. DONALD HALL

Mailing Address 1212 Jefferson St., SE
 Suite 300

City State Zip Code
 Olympia WA 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.95877

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 349 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT E. HALLBOM

Mailing Address 10936 Washington Street

City	State	Zip Code
Chagrin Falls	OH	44023

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

AUTOMOTIVE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95054

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBERT E. HALLBOM

Mailing Address 10936 Washington Street

City	State	Zip Code
Chagrin Falls	OH	44023

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

AUTOMOTIVE TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95397

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JAMES H. HALLER

Mailing Address 2037 Burch Avenue

City	State	Zip Code
Lima	OH	45801

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/LIMA CSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96953

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ▶

39.24

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 350 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CINDY HALLSTROM
 Mailing Address 1212 Jefferson St., SE
 Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95718

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. CINDY HALLSTROM
 Mailing Address 1212 Jefferson St., SE
 Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95878

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. HELEN H. HAMADA
 Mailing Address 1113 Davenport Street
 Unit A3

City	State	Zip Code
Honolulu	HI	96822

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97341

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ▶

50.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 351 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANIE HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97060

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. DANIE HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97095

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. DANIE HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97132

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)..... ►

37.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 352 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK D. HAMILTON

Mailing Address P.O. Box 6136

City

Olympia

State

WA

Zip Code

98507

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STRATEGIC COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95879

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ANTOINETTE R. HAMPTON

Mailing Address 684 Gibbard Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95055

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANTOINETTE R. HAMPTON

Mailing Address 684 Gibbard Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95398

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 353 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARSHA HANER Full Name (Last, First, Middle Initial) Mailing Address 775 Barcus Hollow Road City State Zip Code Crown City OH 45623 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 4/GALLIPOLIS CITY COOK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96883 Amount of Each Receipt this Period 9.62
B. MARSHA HANER Full Name (Last, First, Middle Initial) Mailing Address 775 Barcus Hollow Road City State Zip Code Crown City OH 45623 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 4/GALLIPOLIS CITY COOK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96954 Amount of Each Receipt this Period 9.62
C. KEVIN S. HANES Full Name (Last, First, Middle Initial) Mailing Address 176 Thunderwood Drive City State Zip Code Pittsburgh PA 15102 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME INT'L COMMUNICATIONS SPECIALIST II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 654.57		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93788 Amount of Each Receipt this Period 34.46
SUBTOTAL of Receipts This Page (optional)..... ▶		53.70
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 354 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEVIN S. HANES

Mailing Address 176 Thunderwood Drive

City

Pittsburgh

State

PA

Zip Code

15102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

COMMUNICATIONS SPECIALIST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

689.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96077

Amount of Each Receipt this Period

34.46

Full Name (Last, First, Middle Initial)

B. BARBARA HANGARTNERMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95719

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BARBARA HANGARTNERMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.95880

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

74.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EUGENE HANKS

Mailing Address 296 Churchmans Road

City State Zip Code
New Castle DE 19720-9930

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.97635

Amount of Each Receipt this Period

67.32

Full Name (Last, First, Middle Initial)

B. DIANA HANSEN

Mailing Address 31809 Saint Pierre Lane

City State Zip Code
Lake Elsinore CA 92530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11AI.94217

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DIANA HANSEN

Mailing Address 31809 Saint Pierre Lane

City State Zip Code
Lake Elsinore CA 92530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.94224

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 356 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DIANA HANSEN

Mailing Address 31809 Saint Pierre Lane

City	State	Zip Code
Lake Elsinore	CA	92530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.97819

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. RYAN HANSON

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96713

Amount of Each Receipt this Period

59.52

Full Name (Last, First, Middle Initial)

C. JOYCE HARDING

Mailing Address 39 W Virginia Avenue

City	State	Zip Code
Vermillion	OH	44089

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/VERMILLION LSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96955

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

98.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 357 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CLAUDIA HARDY

Mailing Address 1034 North Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/LOCAL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94185

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. YVONNE J. HARGROVE

Mailing Address 12832 Evansport Place

City	State	Zip Code
Woodbridge	VA	22192

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93789

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

C. YVONNE J. HARGROVE

Mailing Address 12832 Evansport Place

City	State	Zip Code
Woodbridge	VA	22192

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96078

Amount of Each Receipt this Period

36.96

SUBTOTAL of Receipts This Page (optional)..... ►

103.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 358 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BILLIE J. HARPER

Mailing Address 67121 Pineview Drive

City

Belmont

State

OH

Zip Code

43718

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/UNION LOCAL SD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11Al.96956

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. MATTIE HARRELL

Mailing Address 5211 E Chestnut Avenue

City

Vineland

State

NJ

Zip Code

08361-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 71

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.96215

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MARK E. HARRINGTON

Mailing Address 3855 Poplar Bend Drive

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

611.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11Al.96841

Amount of Each Receipt this Period

28.47

SUBTOTAL of Receipts This Page (optional)..... ►

147.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 359 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARK E. HARRINGTON Full Name (Last, First, Middle Initial) Mailing Address 3855 Poplar Bend Drive City Columbus State OH Zip Code 43204 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 639.87		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96957 Amount of Each Receipt this Period 28.47
B. ROLAND G. HARRINGTON JR. Full Name (Last, First, Middle Initial) Mailing Address 1248 Bermuda Avenue City Marion State OH Zip Code 43302 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94717 Amount of Each Receipt this Period 11.00
C. ROLAND G. HARRINGTON JR. Full Name (Last, First, Middle Initial) Mailing Address 1248 Bermuda Avenue City Marion State OH Zip Code 43302 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95056 Amount of Each Receipt this Period 11.00
SUBTOTAL of Receipts This Page (optional)..... ▶		50.47
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 360 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROLAND G. HARRINGTON JR. Full Name (Last, First, Middle Initial) Mailing Address 1248 Bermuda Avenue City Marion State OH Zip Code 43302 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95399 Amount of Each Receipt this Period 11.00
B. HAZEL D. HARRIS Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.18			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96576 Amount of Each Receipt this Period 9.19
C. MICHAEL C. HARRIS Full Name (Last, First, Middle Initial) Mailing Address 223 E Church Street City Urbana State OH Zip Code 43078 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95057 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			30.19
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 361 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL C. HARRIS

Mailing Address 223 E Church Street

City

Urbana

State

OH

Zip Code

43078

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95400

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. STEPHANIE HARRIS

Mailing Address 4208 North Fairhill Street

City

Philadelphia

State

PA

Zip Code

19140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.94053

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. TOI R. HARRIS

Mailing Address 5538 Cantara Pl aCe

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95401

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHELEA M. HARRISON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95059	
Mailing Address 478 e Cook Road Apt. 110 City Mansfield State OH Zip Code 44903		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) B. CHELEA M. HARRISON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95402	
Mailing Address 478 e Cook Road Apt. 110 City Mansfield State OH Zip Code 44903		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. DONTA HARRISON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.97886	
Mailing Address 4855 Seminole Drive City San Diego State CA Zip Code 92115		Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CA LOC 3930		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 551.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		104.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHANIE R. HARRISON Full Name (Last, First, Middle Initial) Mailing Address 1640 Upshur Street NW City Washington State DC Zip Code 20011 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1860.10			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93791 Amount of Each Receipt this Period 97.90
B. STEPHANIE R. HARRISON Full Name (Last, First, Middle Initial) Mailing Address 1640 Upshur Street NW City Washington State DC Zip Code 20011 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1958.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96080 Amount of Each Receipt this Period 97.90
C. TIMOTHY B. HARRITY Full Name (Last, First, Middle Initial) Mailing Address 2034 Marlwood Drive City Somerset State PA Zip Code 15501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97435 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			215.80
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 364 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES A. HARTLE

Mailing Address 3172 Schell Drive

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.94720

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

B. JAMES A. HARTLE

Mailing Address 3172 Schell Drive

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95060

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

C. JAMES A. HARTLE

Mailing Address 3172 Schell Drive

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95403

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)..... ►

66.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 365 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. RAYDENE HARWICK</p> <p>Mailing Address 2101-27 Hill Road Apt. #1</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Sellersville</td> <td style="width: 33%;">State PA</td> <td style="width: 33%;">Zip Code 18960</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME PA CN 13</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			City Sellersville	State PA	Zip Code 18960	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 08 / 2015 </div> <p>Transaction ID : SA11AI.94054</p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 76.12 </div>	
City Sellersville	State PA	Zip Code 18960							
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) B. ALLEN K. HARWOOD</p> <p>Mailing Address 3319 Quincy Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Danville</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 52623</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			City Danville	State IA	Zip Code 52623	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> <p>Transaction ID : SA11AI.96577</p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 20.82 </div>	
City Danville	State IA	Zip Code 52623							
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) C. DAVID HASLETT</p> <p>Mailing Address 4031 Executive Park Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Harrisburg</td> <td style="width: 33%;">State PA</td> <td style="width: 33%;">Zip Code 17111</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME PA CN 13</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			City Harrisburg	State PA	Zip Code 17111	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 08 / 2015 </div> <p>Transaction ID : SA11AI.94055</p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 65.12 </div>	
City Harrisburg	State PA	Zip Code 17111							
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 162.06 </div>						
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>						

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 366 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JACOB HASSELBACK

Mailing Address 916 Fairwood Blvd.

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95061

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JACOB HASSELBACK

Mailing Address 916 Fairwood Blvd.

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95404

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KAREN HATHAWAY

Mailing Address 29 Jenny Lind Street

City

Taunton

State

MA

Zip Code

02780-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94267

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAURIE ANN HATHAWAY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/UNIV OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.94150

Amount of Each Receipt this Period

208.30

Full Name (Last, First, Middle Initial)

B. MARTIN R. HATHAWAY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96376

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MARTIN R. HATHAWAY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96468

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 368 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARTIN R. HATHAWAY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96579

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LEILANI HAUGE

Mailing Address 630 W Linden Street

City

Fergus Falls

State

MN

Zip Code

56537

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96714

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BRITTANY HAYES

Mailing Address 294 Main Street

P.O. Box 292

City

Hanson

State

MA

Zip Code

02341-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/MEMBER

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.98016

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 369 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRITTANY HAYESMailing Address 294 Main Street
P.O. Box 292

City	State	Zip Code
Hanson	MA	02341-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93/MEMBER

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94184

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JANET L. HAYES

Mailing Address 1204 4th Avenue SE

City	State	Zip Code
Puyallup	WA	98372

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95720

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. JANET L. HAYES

Mailing Address 1204 4th Avenue SE

City	State	Zip Code
Puyallup	WA	98372

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95881

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ▶

49.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 370 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LISA HAZARD

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.94056

Amount of Each Receipt this Period

71.72

Full Name (Last, First, Middle Initial)

B. KEITH A. HEATER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96469

Amount of Each Receipt this Period

9.65

Full Name (Last, First, Middle Initial)

C. KEITH A. HEATER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96581

Amount of Each Receipt this Period

9.65

SUBTOTAL of Receipts This Page (optional)..... ►

91.02

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 372 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAUREL D. HECOXMailing Address 3006 Highway 103
Box 152

City	State	Zip Code
Fort Madison	IA	52627

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96471

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. LAUREL D. HECOXMailing Address 3006 Highway 103
Box 152

City	State	Zip Code
Fort Madison	IA	52627

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96583

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MARK HEDBERG

Mailing Address 4320 NW Second Avenue

City	State	Zip Code
Des Moines	IA	50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96584

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

70.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 373 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CYNTHIA L. HEEREN

Mailing Address 1507 Emerald Drive

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96380

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. CYNTHIA L. HEEREN

Mailing Address 1507 Emerald Drive

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96472

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. CYNTHIA L. HEEREN

Mailing Address 1507 Emerald Drive

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96585

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 374 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. RENITA L. HELTON</p> <p>Mailing Address 2025 W Galbraith Road Apt. E</p> <p>City Cincinnati State OH Zip Code 45239</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 320.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94722 </p> <p>Amount of Each Receipt this Period 16.00 </p>		
<p>Full Name (Last, First, Middle Initial) B. RENITA L. HELTON</p> <p>Mailing Address 2025 W Galbraith Road Apt. E</p> <p>City Cincinnati State OH Zip Code 45239</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 336.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95062 </p> <p>Amount of Each Receipt this Period 16.00 </p>		
<p>Full Name (Last, First, Middle Initial) C. RENITA L. HELTON</p> <p>Mailing Address 2025 W Galbraith Road Apt. E</p> <p>City Cincinnati State OH Zip Code 45239</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 352.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95405 </p> <p>Amount of Each Receipt this Period 16.00 </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			48.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 375 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CAROL S. HENDERSON Full Name (Last, First, Middle Initial) Mailing Address 901 S. Elm Street City State Zip Code Celina OH 45822 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 4/CELINA CSD BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96958 Amount of Each Receipt this Period 10.42
B. DAVID J. HENDERSON Full Name (Last, First, Middle Initial) Mailing Address 2040 Spring Valley Road City State Zip Code Pittsburgh PA 15243-1422 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94057 Amount of Each Receipt this Period 121.56
C. ROBERT HENDERSON Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City State Zip Code Des Moines IA 50313 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME IA CN 61/DOCS STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96586 Amount of Each Receipt this Period 16.00
SUBTOTAL of Receipts This Page (optional)..... ▶		147.98
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIMOTHY HENDERSON Full Name (Last, First, Middle Initial) Mailing Address 6987 W. Shadow Lake Drive City Lino Lakes State MN Zip Code 55014-1931 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 559.84		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96715 Amount of Each Receipt this Period 53.84
B. TINA MARIE HENDERSON Full Name (Last, First, Middle Initial) Mailing Address 28660 Newcastle Road City Highland State CA Zip Code 92346 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2015 Transaction ID : SA11AI.97829 Amount of Each Receipt this Period 20.00
C. WILMA HENDERSON Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.50		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95721 Amount of Each Receipt this Period 12.50
SUBTOTAL of Receipts This Page (optional)..... ▶		86.34
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WILMA HENDERSON

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95882

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. MONIQUE L. HENNAGAN

Mailing Address 505 Winter View Way

City Stockbridge State GA Zip Code 30281

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation
ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.76

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93792

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. MONIQUE L. HENNAGAN

Mailing Address 505 Winter View Way

City Stockbridge State GA Zip Code 30281

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation
ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.76

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96081

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

22.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN R. HENRICKSEN

Mailing Address 16511 193rd Avenue E

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95722

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. SUSAN R. HENRICKSEN

Mailing Address 16511 193rd Avenue E

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95883

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. MICHELLE C. HENRY

Mailing Address 5614 S 147th Street

City

Tukwila

State

WA

Zip Code

98168

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95723

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

57.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 379 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELLE C. HENRY

Mailing Address 5614 S 147th Street

City

Tukwila

State

WA

Zip Code

98168

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.95884

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.95724

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.95885

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 380 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RAMON L. HERNANDEZ Full Name (Last, First, Middle Initial) Mailing Address 1615 Stanley Street City New Britain State CT Zip Code 06050-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt 10 / 07 / 2015 Transaction ID : SA11AI.97693 Amount of Each Receipt this Period 10.00
B. RAMON L. HERNANDEZ Full Name (Last, First, Middle Initial) Mailing Address 1615 Stanley Street City New Britain State CT Zip Code 06050-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt 10 / 20 / 2015 Transaction ID : SA11AI.97694 Amount of Each Receipt this Period 10.00
C. ERIC D. HERTZOG Full Name (Last, First, Middle Initial) Mailing Address 141 174th Street E. City Spanaway State WA Zip Code 98387 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00			Date of Receipt 10 / 09 / 2015 Transaction ID : SA11AI.95725 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)..... ▶			50.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 381 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERIC D. HERTZOG

Mailing Address 141 174th Street E.

City	State	Zip Code
Spanaway	WA	98387

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95886

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. KEITH HESS

Mailing Address 28302 Belleterre Avenue

City	State	Zip Code
Moreno Valley	CA	92555

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.94234

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. KEITH HESS

Mailing Address 28302 Belleterre Avenue

City	State	Zip Code
Moreno Valley	CA	92555

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.94243

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 382 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEITH HESS

Mailing Address 28302 Belletre Avenue

City State Zip Code
 Moreno Valley CA 92555

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA11AI.94252

Amount of Each Receipt this Period

30.10

Full Name (Last, First, Middle Initial)

B. JOHANNA P. HESTER

Mailing Address 805 Glen Drive

City State Zip Code
 San Leandro CA 94577

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

SPECIAL ASSISTANT TO EXEC. DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.97887

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOHANNA P. HESTER

Mailing Address 805 Glen Drive

City State Zip Code
 San Leandro CA 94577

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

SPECIAL ASSISTANT TO EXEC. DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96216

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 383 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHERRY HEWITTMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95726

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. SHERRY HEWITTMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95887

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. JOSEPH C. HICKEY

Mailing Address 928 North Irving Avenue

City	State	Zip Code
Scranton	PA	18510

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97436

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

44.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 384 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBRA D. HILL

Mailing Address 3231 Algonquin Parkway

City	State	Zip Code
Toledo	OH	43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/LUCAS CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97247

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. DONALD J. HILL

Mailing Address 2382 Krumroy Road

City	State	Zip Code
Akron	OH	44312

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIELD SD

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96885

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. DONALD J. HILL

Mailing Address 2382 Krumroy Road

City	State	Zip Code
Akron	OH	44312

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIELD SD

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96959

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

69.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 385 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JANICE A. HILLMailing Address 1718 P Street NW
#302

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ACCOUNTING CLERK II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93794

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JANICE A. HILLMailing Address 1718 P Street NW
#302

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ACCOUNTING CLERK II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96083

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. KEVIN E. HILL

Mailing Address 541 Coconut Street

City	State	Zip Code
Satellite Beach	FL	32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93795

Amount of Each Receipt this Period

58.09

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.09

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 386 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEVIN E. HILL

Mailing Address 541 Coconut Street

City

Satellite Beach

State

FL

Zip Code

32937

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1141.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96084

Amount of Each Receipt this Period

58.09

Full Name (Last, First, Middle Initial)

B. LORRAINE C. HILL

Mailing Address 18412 W Buckboard Avenue

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95727

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. LORRAINE C. HILL

Mailing Address 18412 W Buckboard Avenue

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95888

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

82.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PHILLIP E. HILL

Mailing Address 3346 Heatherdowns Blvd.

City	State	Zip Code
Toledo	OH	43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95063

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PHILLIP E. HILL

Mailing Address 3346 Heatherdowns Blvd.

City	State	Zip Code
Toledo	OH	43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95406

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SHEILA I. HILLMailing Address 190 W. Ostend Street
Suite 101

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MD CN 3

Occupation

EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96217

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

34.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEPHANN S. HILL

Mailing Address 2774 windlow Drive

City State Zip Code
 Dayton OH 45406

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95064

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. STEPHANN S. HILL

Mailing Address 2774 windlow Drive

City State Zip Code
 Dayton OH 45406

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95407

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TRACY A. HILL

Mailing Address 2382 Krumroy Road

City State Zip Code
 Akron OH 44312

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIELD SD

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.96886

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 389 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TRACY A. HILL

Mailing Address 2382 Krumroy Road

City

Akron

State

OH

Zip Code

44312

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SPRINGFIELD SD

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96960

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MATTHEW T. HILSABECK

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96381

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. MATTHEW T. HILSABECK

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96473

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

50.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 390 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATTHEW T. HILSABECK

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96587

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MATT HILTON

Mailing Address 1418 SW Moss Street

City

Portland

State

OR

Zip Code

97219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97547

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. JAMES N. HIMMELHAVER

Mailing Address 823 Dearmand Avenue

City

Cincinnati

State

OH

Zip Code

45239

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WINTON WOODS

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96961

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

43.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 391 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANNY HINDE

Mailing Address 612 4th Avenue NE

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

RTT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96382

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DANNY HINDE

Mailing Address 612 4th Avenue NE

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

RTT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96474

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DANNY HINDE

Mailing Address 612 4th Avenue NE

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

RTT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96588

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 392 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KELLY HINES

Mailing Address 2000 Wakefield Mound Road

City	State	Zip Code
Piketon	OH	45661

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SCIOTO VALLEY

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96962

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. SEAN HINGA

Mailing Address 3137 Fulton Street

City	State	Zip Code
Denver	CO	80238

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93796

Amount of Each Receipt this Period

67.59

Full Name (Last, First, Middle Initial)

C. SEAN HINGA

Mailing Address 3137 Fulton Street

City	State	Zip Code
Denver	CO	80238

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1337.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96085

Amount of Each Receipt this Period

67.59

SUBTOTAL of Receipts This Page (optional)..... ►

144.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TYRONE HIPPS

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/METROHEALTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97173

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. TYRONE HIPPS

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/METROHEALTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97248

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

936.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93797

Amount of Each Receipt this Period

49.56

SUBTOTAL of Receipts This Page (optional)..... ►

68.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 394 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIZABETH C. HO

Mailing Address 1511 Kalaniwai Street

City	State	Zip Code
Honolulu	HI	96821

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96086

Amount of Each Receipt this Period

49.56

Full Name (Last, First, Middle Initial)

B. JENNY HO

Mailing Address 10111 Ebershire Court

City	State	Zip Code
Oakton	VA	22124

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93798

Amount of Each Receipt this Period

35.33

Full Name (Last, First, Middle Initial)

C. JENNY HO

Mailing Address 10111 Ebershire Court

City	State	Zip Code
Oakton	VA	22124

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96087

Amount of Each Receipt this Period

35.33

SUBTOTAL of Receipts This Page (optional)..... ►

120.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 395 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BENJAMIN J. HODAPPMailing Address 3828 Georgia Avenue NW
#218

City	State	Zip Code
Washington	DC	20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

RETIREE FIELD MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93799

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

B. BENJAMIN J. HODAPPMailing Address 3828 Georgia Avenue NW
#218

City	State	Zip Code
Washington	DC	20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

RETIREE FIELD MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96088

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

C. KARLA HODGE

Mailing Address 1212 N. 14th Street

City	State	Zip Code
Harrisburg	PA	17103

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94060

Amount of Each Receipt this Period

99.78

SUBTOTAL of Receipts This Page (optional)..... ►

174.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 396 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONNA L. HOFLAND

Mailing Address 4032 Division Avenue W

City

Bremerton

State

WA

Zip Code

98312

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

SUPPLY OFFICE I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

642.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95728

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DONNA L. HOFLAND

Mailing Address 4032 Division Avenue W

City

Bremerton

State

WA

Zip Code

98312

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

SUPPLY OFFICE I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95889

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. MARY J. HOGAN

Mailing Address P.O. Box 65262

City

Tacoma

State

WA

Zip Code

98464

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

LPN I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95729

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

99.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 397 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY J. HOGAN

Mailing Address P.O. Box 65262

City

Tacoma

State

WA

Zip Code

98464

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

LPN I

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95890

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JENNIFER E. HOHMAN

Mailing Address 1710 Shadyside Drive

City

Edgewater

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, BENEFITS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

815.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93800

Amount of Each Receipt this Period

42.92

Full Name (Last, First, Middle Initial)

C. JENNIFER E. HOHMAN

Mailing Address 1710 Shadyside Drive

City

Edgewater

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, BENEFITS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

859.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96089

Amount of Each Receipt this Period

43.67

SUBTOTAL of Receipts This Page (optional)..... ►

101.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RODNEY L. HOLDREN

Mailing Address 804 Morrison Road

City State Zip Code
 Chillicothe OH 45601

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
LOCKSMITH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95065

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RODNEY L. HOLDREN

Mailing Address 804 Morrison Road

City State Zip Code
 Chillicothe OH 45601

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
LOCKSMITH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95408

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHRISTINE D. HOLLAND

Mailing Address 29332 Kearsley Road

City State Zip Code
 Millbury OH 43447

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 4/OREGON BOE

Occupation
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.96963

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 399 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HENRY L HOLLIS Jr.Mailing Address 10906 Capstan Lake
Drive

City	State	Zip Code
Riverview	FL	33579

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93801

Amount of Each Receipt this Period

23.34

Full Name (Last, First, Middle Initial)

B. HENRY L HOLLIS Jr.Mailing Address 10906 Capstan Lake
Drive

City	State	Zip Code
Riverview	FL	33579

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96090

Amount of Each Receipt this Period

23.34

Full Name (Last, First, Middle Initial)

C. SYLVIA E. HOLMES

Mailing Address 958 Sodom Hutchings Road SE

City	State	Zip Code
Vienna	OH	44473

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GIRARD CSD

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96964

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)..... ►

57.10

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 401 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANNY J. HOMAN

Mailing Address 4320 NW Second Avenue

City	State	Zip Code
Des Moines	IA	50313

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96590

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DANNY J. HOMAN

Mailing Address 4320 NW Second Avenue

City	State	Zip Code
Des Moines	IA	50313

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96218

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. WILLIAM F. HOMERMailing Address 500 N Lexington-Springmill Road
#50

City	State	Zip Code
Ontario	OH	44906

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94727

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional).....▶

181.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 402 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WILLIAM F. HOMER

Mailing Address 500 N Lexington-Springmill Road
#50

City State Zip Code
Ontario OH 44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95067

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. WILLIAM F. HOMER

Mailing Address 500 N Lexington-Springmill Road
#50

City State Zip Code
Ontario OH 44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95410

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. FRANCINE W. HONDA

Mailing Address 888 Mililani Street
Suite 601

City State Zip Code
Honolulu HI 96813-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.97344

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

47.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 403 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER HOOSER

Mailing Address 615 South Second Street

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

688.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.97714

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. JOHN D. HORN

Mailing Address 8615 Maineville Road

City

Maineville

State

OH

Zip Code

45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.96842

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

C. JOHN D. HORN

Mailing Address 8615 Maineville Road

City

Maineville

State

OH

Zip Code

45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96965

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)..... ►

116.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 404 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TIMOTHY M. HOSHAL

Mailing Address P.O. Box 239

City
ColeraineState
MNZip Code
55722FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97642

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

B. DARLEEN K. HOSHIDA

Mailing Address 1374 Mailani Street

City
HiloState
HIZip Code
96720FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97345

Amount of Each Receipt this Period

20.85

Full Name (Last, First, Middle Initial)

C. CHRISTINE R. HOSKINS

Mailing Address 8306 James Street

City
Upper MarlboroState
MDZip Code
20772FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AFFILIATE RELATIONS COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93802

Amount of Each Receipt this Period

42.85

SUBTOTAL of Receipts This Page (optional)..... ►

137.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 405 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHRISTINE R. HOSKINS			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96091	
Mailing Address 8306 James Street			Amount of Each Receipt this Period 42.85	
City Upper Marlboro	State MD	Zip Code 20772		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L	Occupation AFFILIATE RELATIONS COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 857.00		

Full Name (Last, First, Middle Initial) B. DENNIS HOULIHAN			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93803	
Mailing Address 1744 Church Street NW			Amount of Each Receipt this Period 50.20	
City Washington	State DC	Zip Code 20036		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L	Occupation LABOR ECONOMIST III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 953.80		

Full Name (Last, First, Middle Initial) C. DENNIS HOULIHAN			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96092	
Mailing Address 1744 Church Street NW			Amount of Each Receipt this Period 50.20	
City Washington	State DC	Zip Code 20036		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L	Occupation LABOR ECONOMIST III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1004.00		

SUBTOTAL of Receipts This Page (optional)..... ►

143.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 406 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRITTNEY HOWARD

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	5		

Transaction ID : SA11AI.97249

Amount of Each Receipt this Period

56.02

Full Name (Last, First, Middle Initial)

B. DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE ASS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95068

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE ASS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95411

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

76.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 407 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RACINE HOWARD

Mailing Address 8906 Chinaberry Circle North

City	State	Zip Code
Macedonia	OH	44056

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97250

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

B. JAMES E. HOWELL

Mailing Address 620 Scrubgrass Road

City	State	Zip Code
Pittsburgh	PA	15243

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1340.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93804

Amount of Each Receipt this Period

72.07

Full Name (Last, First, Middle Initial)

C. JAMES E. HOWELL

Mailing Address 620 Scrubgrass Road

City	State	Zip Code
Pittsburgh	PA	15243

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1412.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96093

Amount of Each Receipt this Period

72.07

SUBTOTAL of Receipts This Page (optional)..... ►

164.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 408 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TINA M. HOWELL Full Name (Last, First, Middle Initial) Mailing Address 6662 Fairway Circle City Windsor State WI Zip Code 53598 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.85			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93805 Amount of Each Receipt this Period 32.93
B. TINA M. HOWELL Full Name (Last, First, Middle Initial) Mailing Address 6662 Fairway Circle City Windsor State WI Zip Code 53598 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 318.78			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96094 Amount of Each Receipt this Period 32.93
C. ROBERT J. HUBBARD Full Name (Last, First, Middle Initial) Mailing Address 55 Pioneer Road City Weiser State ID Zip Code 83672 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OR CN 75/STATE OF OR Occupation SECURITY GUARD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97548 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)..... ▶			105.86
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 409 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. SHIRLEY A. HUBBERT			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95069		
Mailing Address 1078 E. 26th Avenue			Amount of Each Receipt this Period 10.00		
City Columbus	State OH	Zip Code 43211			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			
Full Name (Last, First, Middle Initial) B. SHIRLEY A. HUBBERT			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95412		
Mailing Address 1078 E. 26th Avenue			Amount of Each Receipt this Period 10.00		
City Columbus	State OH	Zip Code 43211			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			
Full Name (Last, First, Middle Initial) C. REGINA G. HUDSON			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95730		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 12.00		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			32.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 410 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REGINA G. HUDSONMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95891

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. JOHN C. HUDZIK

Mailing Address 1752 Salt Springs Road

City	State	Zip Code
Mineral Ridge	OH	44440

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INDUSTRIAL COMM. REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95070

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOHN C. HUDZIK

Mailing Address 1752 Salt Springs Road

City	State	Zip Code
Mineral Ridge	OH	44440

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INDUSTRIAL COMM. REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95413

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

32.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 411 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ROBERT G. HUEY</p> <p>Mailing Address 3123 School Street</p> <p>City Kingsville State OH Zip Code 44048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95071 </p> <p>Amount of Each Receipt this Period 10.00 </p>	
<p>Full Name (Last, First, Middle Initial) B. ROBERT G. HUEY</p> <p>Mailing Address 3123 School Street</p> <p>City Kingsville State OH Zip Code 44048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95414 </p> <p>Amount of Each Receipt this Period 10.00 </p>	
<p>Full Name (Last, First, Middle Initial) C. ELIZABETH K. HUFFMAN</p> <p>Mailing Address 7429 Inman Ave South</p> <p>City Cottage Grove State MN Zip Code 55016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 382.68</p>			<p>Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.93806 </p> <p>Amount of Each Receipt this Period 20.57 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>40.57</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIZABETH K. HUFFMAN

Mailing Address 7429 Inman Ave South

City	State	Zip Code
Cottage Grove	MN	55016

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96095

Amount of Each Receipt this Period

20.57

Full Name (Last, First, Middle Initial)

B. SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City	State	Zip Code
Carnegie	PA	15106

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, ORGANIZNG & FLD SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.92

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.93976

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City	State	Zip Code
Carnegie	PA	15106

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, ORGANIZNG & FLD SV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93807

Amount of Each Receipt this Period

40.66

SUBTOTAL of Receipts This Page (optional)..... ►

86.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SAMUEL M. HUGGINS Full Name (Last, First, Middle Initial) Mailing Address 235 Scenic Hill Drive City Carnegie State PA Zip Code 15106 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, ORGANIZNG & FLD SV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 873.24			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96096 Amount of Each Receipt this Period 40.66
B. PETER HUGHES Full Name (Last, First, Middle Initial) Mailing Address 2201 Broadway Street City Oakland State CA Zip Code 94612 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3299/UNIV OF CA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.25			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97930 Amount of Each Receipt this Period 28.50
C. SUSAN M. HUGHES Full Name (Last, First, Middle Initial) Mailing Address 6005 Cory Court SE City Lacey State WA Zip Code 98513 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation FINANCIAL MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95892 Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)..... ▶			90.16
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 414 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHUNG N. HUI

Mailing Address 12235 Cypress Spring Road

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FINANCE COORDINATOR, POLITICAL ACTIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

921.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93808

Amount of Each Receipt this Period

48.87

Full Name (Last, First, Middle Initial)

B. CHUNG N. HUI

Mailing Address 12235 Cypress Spring Road

City

Clarksburg

State

MD

Zip Code

20871

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FINANCE COORDINATOR, POLITICAL ACTIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96097

Amount of Each Receipt this Period

48.87

Full Name (Last, First, Middle Initial)

C. WAYNE D. HUMPHREY

Mailing Address 508 Hayes Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYLVANIA

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96966

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

107.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 415 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAWN M. HUNLEY

Mailing Address 215 Grover Street

City	State	Zip Code
Nelsonville	OH	45764

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94732

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

B. DAWN M. HUNLEY

Mailing Address 215 Grover Street

City	State	Zip Code
Nelsonville	OH	45764

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95072

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. DAWN M. HUNLEY

Mailing Address 215 Grover Street

City	State	Zip Code
Nelsonville	OH	45764

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95415

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)..... ►

57.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 416 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TAMMY D. HUNOLD

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96592

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. YVONNE HUNTER

Mailing Address 931 Rosamond Avenue

City

Akron

State

OH

Zip Code

44307

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95073

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. YVONNE HUNTER

Mailing Address 931 Rosamond Avenue

City

Akron

State

OH

Zip Code

44307

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95416

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 417 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DIANNE M. HURLEY

Mailing Address 8 Beacon Street

City
BostonState
MAZip Code
02108-0000FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94269

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. WILLIAM S. HURLOW

Mailing Address 4805 Monnett Chapel Road

City
GalionState
OHZip Code
44833FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GALION BOE

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96890

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

C. WILLIAM S. HURLOW

Mailing Address 4805 Monnett Chapel Road

City
GalionState
OHZip Code
44833FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GALION BOE

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96967

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

101.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 418 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NANCY J. IANSON

Mailing Address 16 Plitt Avenue

City	State	Zip Code
Farmingdale	NY	11735

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97982

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. NANCY J. IANSON

Mailing Address 16 Plitt Avenue

City	State	Zip Code
Farmingdale	NY	11735

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.97990

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. NANCY J. IANSON

Mailing Address 16 Plitt Avenue

City	State	Zip Code
Farmingdale	NY	11735

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.98002

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

28.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DOUGLAS B. INMAN</p> <p>Mailing Address 2490 Wilshire Road</p> <p>City Cortland State OH Zip Code 44410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95074 </p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DOUGLAS B. INMAN</p> <p>Mailing Address 2490 Wilshire Road</p> <p>City Cortland State OH Zip Code 44410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95417 </p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. CARLA INSINGA-MINSER</p> <p>Mailing Address 4287 South Carolina Drive</p> <p>City Blue Ridge State PA Zip Code 17112</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME PA CN 13 Occupation ORGANIZING DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1046.43</p>			<p>Date of Receipt 10 / 08 / 2015 Transaction ID : SA11AI.94063 </p> <p>Amount of Each Receipt this Period 103.18</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			123.18	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 420 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES IRWIN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

368.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94064

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

B. WILLIAM ISLER

Mailing Address 5003 Frederick Bequest Court

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, GENERAL SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

842.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93809

Amount of Each Receipt this Period

44.33

Full Name (Last, First, Middle Initial)

C. WILLIAM ISLER

Mailing Address 5003 Frederick Bequest Court

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, GENERAL SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

886.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96098

Amount of Each Receipt this Period

44.33

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 421 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ALBERT JACKSON</p> <p>Mailing Address 3690 Orange Place Suite 550</p> <p>City Beachwood State OH Zip Code 44122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 692.40</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96843</p> <p>Amount of Each Receipt this Period 34.62</p>
<p>Full Name (Last, First, Middle Initial) B. ALBERT JACKSON</p> <p>Mailing Address 3690 Orange Place Suite 550</p> <p>City Beachwood State OH Zip Code 44122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 727.02</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96968</p> <p>Amount of Each Receipt this Period 34.62</p>
<p>Full Name (Last, First, Middle Initial) C. DARREN A. JACKSON</p> <p>Mailing Address 4713 E. 86th Street</p> <p>City Garfield Height State OH Zip Code 44125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95075</p> <p>Amount of Each Receipt this Period 10.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>79.24</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 422 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DARREN A. JACKSON</p> <p>Mailing Address 4713 E. 86th Street</p> <p>City State Zip Code Garfield Height OH 44125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH WKRS COMPENSATION SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95418</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) B. GINA S. JACKSON</p> <p>Mailing Address 20571 Goller Avenue</p> <p>City State Zip Code Euclid OH 44119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH WKRS COMPENSATION SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95076</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) C. GINA S. JACKSON</p> <p>Mailing Address 20571 Goller Avenue</p> <p>City State Zip Code Euclid OH 44119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH WKRS COMPENSATION SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95419</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>30.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARQUETTA L. JACKSON Full Name (Last, First, Middle Initial) Mailing Address 21 Elana Avenue City Gahanna State OH Zip Code 43230 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMMUNITY DEVELOPMENT CORD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94737 Amount of Each Receipt this Period 15.00
B. MARQUETTA L. JACKSON Full Name (Last, First, Middle Initial) Mailing Address 21 Elana Avenue City Gahanna State OH Zip Code 43230 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMMUNITY DEVELOPMENT CORD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95077 Amount of Each Receipt this Period 15.00
C. MARQUETTA L. JACKSON Full Name (Last, First, Middle Initial) Mailing Address 21 Elana Avenue City Gahanna State OH Zip Code 43230 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMMUNITY DEVELOPMENT CORD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95420 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶			45.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 424 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREW J. JACOBSMailing Address 700 N. Alameda Street
#2-219

City	State	Zip Code
Los Angeles	CA	90012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1001

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97842

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ANDREW J. JACOBSMailing Address 700 N. Alameda Street
#2-219

City	State	Zip Code
Los Angeles	CA	90012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1001

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97843

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ERIC JACOBSON

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South Saint Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96717

Amount of Each Receipt this Period

44.44

SUBTOTAL of Receipts This Page (optional)..... ►

104.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 425 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEMANUS JAMES

Mailing Address 2201 Broadway Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97931

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

B. JONATHAN JAMES

Mailing Address 376 E Mark Street

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

Correction Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95078

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JONATHAN JAMES

Mailing Address 376 E Mark Street

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

Correction Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95421

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

39.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 426 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JUSTUS JAMES

Mailing Address 1705 Platt Court

City	State	Zip Code
Allentown	PA	18104

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94065

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

B. JOCELYN JAMISON

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94066

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

C. DAVID JANZEN

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.96718

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

124.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 427 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROGER W. JANZIG

Mailing Address 9313 Columbus Avenue S.

City

Bloomington

State

MN

Zip Code

55420

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/HENNEPIN COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96719

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROGER F. JAQUAY

Mailing Address 827 Stebbins Street

City

Toledo

State

OH

Zip Code

43609

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYLVANIA

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96891

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. ROGER F. JAQUAY

Mailing Address 827 Stebbins Street

City

Toledo

State

OH

Zip Code

43609

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYLVANIA

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96969

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

39.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, FED GOV'T AFFAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.03

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93810

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

B. EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, FED GOV'T AFFAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96099

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

C. KELLY JEANIE

Mailing Address 3533 Sterling Heights Drive
Unit G

City State Zip Code
River Falls MN 54022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/MRA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96720

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 429 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. LEAUNTI D. JEFFERSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95079	
Mailing Address 138 Bowman Street		Amount of Each Receipt this Period 10.00	
City Mansfield	State OH	Zip Code 44903	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation GENERAL ACTIVITIES TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) B. LEAUNTI D. JEFFERSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95422	
Mailing Address 138 Bowman Street		Amount of Each Receipt this Period 10.00	
City Mansfield	State OH	Zip Code 44903	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation GENERAL ACTIVITIES TECH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
Full Name (Last, First, Middle Initial) C. SYLVIA E. JEFFERSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97631	
Mailing Address 7955 18th Avenue		Amount of Each Receipt this Period 10.00	
City Adelphi	State MD	Zip Code 20783	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME DC CN 20	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
SUBTOTAL of Receipts This Page (optional)..... ▶		30.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 430 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ASHLEY N. JENKINSMailing Address 2109 Piney Branch Circle
#270

City	State	Zip Code
Hanover	MD	21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93811

Amount of Each Receipt this Period

39.79

Full Name (Last, First, Middle Initial)

B. ASHLEY N. JENKINSMailing Address 2109 Piney Branch Circle
#270

City	State	Zip Code
Hanover	MD	21076

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96100

Amount of Each Receipt this Period

39.79

Full Name (Last, First, Middle Initial)

C. MIKE JENKINS

Mailing Address 1202 W Main

City	State	Zip Code
Marshalltown	IA	50158

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.96593

Amount of Each Receipt this Period

20.82

SUBTOTAL of Receipts This Page (optional)..... ►

100.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 431 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Potomac Falls

State

VA

Zip Code

20165

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SPECIAL ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93812

Amount of Each Receipt this Period

90.30

Full Name (Last, First, Middle Initial)

B. PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Potomac Falls

State

VA

Zip Code

20165

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SPECIAL ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1790.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96101

Amount of Each Receipt this Period

90.30

Full Name (Last, First, Middle Initial)

C. BRIAN JENNINGS

Mailing Address 1104 26th Street

City

Des Moines

State

IA

Zip Code

50311

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96594

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)..... ▶

234.60

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 432 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LYNDIA JENNINGS

Mailing Address 1649 Franklin Park S.

City State Zip Code
Columbus OH 43205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94740

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. LYNDIA JENNINGS

Mailing Address 1649 Franklin Park S.

City State Zip Code
Columbus OH 43205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95080

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. LYNDIA JENNINGS

Mailing Address 1649 Franklin Park S.

City State Zip Code
Columbus OH 43205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95423

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 433 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. VINCE E. JETHROE			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> Transaction ID : SA11AI.95081		
Mailing Address 2805 Heather Lane NW			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div>		
City Warren State OH Zip Code 44485					
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 210.00 </div>		
Full Name (Last, First, Middle Initial) B. VINCE E. JETHROE			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.95424		
Mailing Address 2805 Heather Lane NW			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div>		
City Warren State OH Zip Code 44485					
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 220.00 </div>		
Full Name (Last, First, Middle Initial) C. BENITTA JOHNSON			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> Transaction ID : SA11AI.95082		
Mailing Address 2131 Bridlington Ln			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div>		
City Columbus State OH Zip Code 43229					
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 210.00 </div>		
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 30.00 </div>		
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 434 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BENITTA JOHNSON

Mailing Address 2131 Bridlington Ln

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95425

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CARRIE V. JOHNSON

Mailing Address 10561 Cranwood Court

City

Cincinnati

State

OH

Zip Code

45240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94743

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. CARRIE V. JOHNSON

Mailing Address 10561 Cranwood Court

City

Cincinnati

State

OH

Zip Code

45240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95083

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 435 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARRIE V. JOHNSON

Mailing Address 10561 Cranwood Court

City

Cincinnati

State

OH

Zip Code

45240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95426

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHAD G. JOHNSONMailing Address 245 S. Allen Avenue
Apt. 4

City

Pasadena

State

CA

Zip Code

91106

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1059.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93813

Amount of Each Receipt this Period

61.52

Full Name (Last, First, Middle Initial)

C. CHAD G. JOHNSONMailing Address 245 S. Allen Avenue
Apt. 4

City

Pasadena

State

CA

Zip Code

91106

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1121.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96102

Amount of Each Receipt this Period

61.52

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

138.04

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 436 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES A. JOHNSON

Mailing Address 366 Strouse Lane

City

South Salem

State

OH

Zip Code

45681

FEC ID number of contributing
federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.95084

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. CHARLES A. JOHNSON

Mailing Address 366 Strouse Lane

City

South Salem

State

OH

Zip Code

45681

FEC ID number of contributing
federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.95427

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. DEBORAH J. JOHNSON

Mailing Address 313 S Main Street

City

Williamsport

State

OH

Zip Code

43164

FEC ID number of contributing
federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.95085

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 437 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEBORAH J. JOHNSON Full Name (Last, First, Middle Initial) Mailing Address 313 S Main Street City Williamsport State OH Zip Code 43164 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95428 Amount of Each Receipt this Period 10.00
B. HELEN J. JOHNSON Full Name (Last, First, Middle Initial) Mailing Address 837 Koebel Avenue City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.24			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97251 Amount of Each Receipt this Period 30.00
C. IVA M. JOHNSON Full Name (Last, First, Middle Initial) Mailing Address 4641 Bach Lane City Fairfield State OH Zip Code 45014 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/FAIRFIELD CSD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.02			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96970 Amount of Each Receipt this Period 19.24
SUBTOTAL of Receipts This Page (optional)..... ▶			59.24
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JACQUELINE A. JOHNSON</p> <p>Mailing Address 409 8th Street NW</p> <p>City State Zip Code Faribault MN 55021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/CN 14 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.97948</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) B. JODY K. JOHNSON</p> <p>Mailing Address 7339 Pillsbury Avenue S</p> <p>City State Zip Code Minneapolis MN 55423</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.97946</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) C. KIMBERLY K. JOHNSON</p> <p>Mailing Address 1727 207th Lane NE</p> <p>City State Zip Code East Bethel MN 55011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.96721</p> <p>Amount of Each Receipt this Period 40.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>80.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 439 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. SETH M. JOHNSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>15</td><td></td><td></td> <td>2015</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.93814			M	M	/	D	D	/	Y	Y	Y	Y	10			15			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			15			2015																			
Mailing Address 727 7th Street NE			Amount of Each Receipt this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>109.49</td> </tr> </table>																						109.49
									109.49																
City Washington	State DC	Zip Code 20002																							
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																						
C																									
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2080.31</td> </tr> </table>																							2080.31
									2080.31																
Full Name (Last, First, Middle Initial) B. SETH M. JOHNSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>30</td><td></td><td></td> <td>2015</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.96103			M	M	/	D	D	/	Y	Y	Y	Y	10			30			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			30			2015																			
Mailing Address 727 7th Street NE			Amount of Each Receipt this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>109.49</td> </tr> </table>																						109.49
									109.49																
City Washington	State DC	Zip Code 20002																							
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																						
C																									
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2189.80</td> </tr> </table>																							2189.80
									2189.80																
Full Name (Last, First, Middle Initial) C. SUSAN M. JOHNSON			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>02</td><td></td><td></td> <td>2015</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.94746			M	M	/	D	D	/	Y	Y	Y	Y	10			02			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
10			02			2015																			
Mailing Address 4592 Farrington Road NW			Amount of Each Receipt this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>13.00</td> </tr> </table>																						13.00
									13.00																
City Canton	State OH	Zip Code 44708																							
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																						
C																									
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>203.00</td> </tr> </table>																							203.00
									203.00																
SUBTOTAL of Receipts This Page (optional)..... ▶			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>231.98</td> </tr> </table>												231.98										
									231.98																
TOTAL This Period (last page this line number only)..... ▶			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 440 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN M. JOHNSON

Mailing Address 4592 Farrington Road NW

City

State

Zip Code

Canton

OH

44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95086

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. SUSAN M. JOHNSON

Mailing Address 4592 Farrington Road NW

City

State

Zip Code

Canton

OH

44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95429

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. TERRA F. JOHNSON

Mailing Address 807 Nome Avenue

City

State

Zip Code

Akron

OH

44320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AKRON SUMMIT

Occupation

TEACHER AIDE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

368.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96892

Amount of Each Receipt this Period

26.32

SUBTOTAL of Receipts This Page (optional)..... ►

52.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 441 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TERRA F. JOHNSON

Mailing Address 807 Nome Avenue

City	State	Zip Code
Akron	OH	44320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AKRON SUMMIT

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96971

Amount of Each Receipt this Period

26.32

Full Name (Last, First, Middle Initial)

B. WINSTON JOHNSON

Mailing Address 14574 Longacre

City	State	Zip Code
Detroit	MI	48227-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97063

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

C. WINSTON JOHNSON

Mailing Address 14574 Longacre

City	State	Zip Code
Detroit	MI	48227-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97098

Amount of Each Receipt this Period

29.12

SUBTOTAL of Receipts This Page (optional)..... ►

84.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 442 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WINSTON JOHNSON

Mailing Address 14574 Longacre

City
DetroitState
MIZip Code
48227-1448FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	2		2	0	1	5		

Transaction ID : SA11AI.97135

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

B. MELISSA K. JOHNSTONMailing Address 2633 Petzinger Road
Apt. HCity
ColumbusState
OHZip Code
43209FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.94747

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MELISSA K. JOHNSTONMailing Address 2633 Petzinger Road
Apt. HCity
ColumbusState
OHZip Code
43209FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95087

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

49.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. MELISSA K. JOHNSTON</p> <p>Mailing Address 2633 Petzinger Road Apt. H</p> <p>City State Zip Code Columbus OH 43209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>			<p>Date of Receipt 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95430</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) B. JOANN JOHNTONY</p> <p>Mailing Address 973 Shannon Road</p> <p>City State Zip Code Girard OH 44420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/GIRARD CSD HEAD CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 445.77</p>			<p>Date of Receipt 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.96893</p> <p>Amount of Each Receipt this Period 20.83</p>		
<p>Full Name (Last, First, Middle Initial) C. JOANN JOHNTONY</p> <p>Mailing Address 973 Shannon Road</p> <p>City State Zip Code Girard OH 44420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/GIRARD CSD HEAD CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 466.60</p>			<p>Date of Receipt 10 / 22 / 2015</p> <p>Transaction ID : SA11AI.96972</p> <p>Amount of Each Receipt this Period 20.83</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>51.66</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 444 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. GERARD P. JOLLY</p> <p>Mailing Address 2107 Twin Flower Circle</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Grove City</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43123</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation FISCAL SPECIALIST I</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00 </p>			City Grove City	State OH	Zip Code 43123	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 </p> <p>Transaction ID : SA11AI.94748</p> <p>Amount of Each Receipt this Period 50.00 </p>	
City Grove City	State OH	Zip Code 43123							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I								
<p>Full Name (Last, First, Middle Initial) B. GERARD P. JOLLY</p> <p>Mailing Address 2107 Twin Flower Circle</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Grove City</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43123</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation FISCAL SPECIALIST I</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1050.00 </p>			City Grove City	State OH	Zip Code 43123	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 </p> <p>Transaction ID : SA11AI.95088</p> <p>Amount of Each Receipt this Period 50.00 </p>	
City Grove City	State OH	Zip Code 43123							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I								
<p>Full Name (Last, First, Middle Initial) C. GERARD P. JOLLY</p> <p>Mailing Address 2107 Twin Flower Circle</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Grove City</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43123</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation FISCAL SPECIALIST I</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1100.00 </p>			City Grove City	State OH	Zip Code 43123	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I	<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 </p> <p>Transaction ID : SA11AI.95431</p> <p>Amount of Each Receipt this Period 50.00 </p>	
City Grove City	State OH	Zip Code 43123							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			150.00						
<p>TOTAL This Period (last page this line number only)..... ▶</p>									

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 445 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. INGRID E. JONAS-PERRY

Mailing Address 835 Algonkin Trail

City

Lima

State

OH

Zip Code

45805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94749

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. INGRID E. JONAS-PERRY

Mailing Address 835 Algonkin Trail

City

Lima

State

OH

Zip Code

45805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95089

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. INGRID E. JONAS-PERRY

Mailing Address 835 Algonkin Trail

City

Lima

State

OH

Zip Code

45805

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95432

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

39.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 446 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ANDREW E. JONES</p> <p>Mailing Address 5545 Shamrock Lane</p> <p>City State Zip Code Fitchburg WI 53711</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 40/DANE COUNTY STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.97730</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. ANDREW E. JONES</p> <p>Mailing Address 5545 Shamrock Lane</p> <p>City State Zip Code Fitchburg WI 53711</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 40/DANE COUNTY STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt 10 / 27 / 2015 Transaction ID : SA11AI.97739</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. ERIC JONES</p> <p>Mailing Address 2201 Broadway Street</p> <p>City State Zip Code Oakland CA 94612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 3299/UNIV OF CA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 209.00</p>			<p>Date of Receipt 10 / 23 / 2015 Transaction ID : SA11AI.97932</p> <p>Amount of Each Receipt this Period 19.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>39.00</p> <p></p>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 447 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD E. JONES

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.96384

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. GERALD E. JONES

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.96476

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. GERALD E. JONES

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : SA11AI.96595

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 448 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JASON J. JONES

Mailing Address 1065 E Margate Circle

City	State	Zip Code
London	OH	43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95090

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JASON J. JONES

Mailing Address 1065 E Margate Circle

City	State	Zip Code
London	OH	43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95433

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KELVIN J. JONES

Mailing Address P.O. Box 593

City	State	Zip Code
Columbus	OH	43216

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94751

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 449 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KELVIN J. JONES

Mailing Address P.O. Box 593

City
ColumbusState
OHZip Code
43216FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95091

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KELVIN J. JONES

Mailing Address P.O. Box 593

City
ColumbusState
OHZip Code
43216FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95434

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LORETTA L. JONES

Mailing Address 109 E. Iroquois Trail

City
SanduskyState
OHZip Code
44870FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94752

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

33.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 450 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LORETTA L. JONES

Mailing Address 109 E. Iroquois Trail

City

Sandusky

State

OH

Zip Code

44870

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.95092

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. LORETTA L. JONES

Mailing Address 109 E. Iroquois Trail

City

Sandusky

State

OH

Zip Code

44870

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.95435

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. PAMELA JONES

Mailing Address 3220 Santa Fe Way
Apt. 137

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

10 / 02 / 2015

Transaction ID : SA11AI.97888

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)..... ►

48.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 451 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RENITA JONES-STREET

Mailing Address 853 Glasgow Drive

City

Cincinnati

State

OH

Zip Code

45240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97254

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

B. JACQUELINE L. JONES-WALSHMailing Address 12401 Renton Avenue S.
Apt. 307

City

Seattle

State

WA

Zip Code

98178

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95731

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. JACQUELINE L. JONES-WALSHMailing Address 12401 Renton Avenue S.
Apt. 307

City

Seattle

State

WA

Zip Code

98178

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95895

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

131.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 452 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BLANCHIE M. JORDAN Full Name (Last, First, Middle Initial) Mailing Address 5885 Bear Creek Drive City Bedford Hts State OH Zip Code 44146 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95093 Amount of Each Receipt this Period 10.00
B. BLANCHIE M. JORDAN Full Name (Last, First, Middle Initial) Mailing Address 5885 Bear Creek Drive City Bedford Hts State OH Zip Code 44146 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95436 Amount of Each Receipt this Period 10.00
C. JAIME A. JORDAN Full Name (Last, First, Middle Initial) Mailing Address 11522 ST. Route 588 City Bidwell State OH Zip Code 45614 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/GALLIPOLIS CITY Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 404.04		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96894 Amount of Each Receipt this Period 19.24
SUBTOTAL of Receipts This Page (optional)..... ▶		39.24
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 453 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAIME A. JORDAN

Mailing Address 11522 ST. Route 588

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GALLIPOLIS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96973

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. JAMES E. JORDAN

Mailing Address 21417 Watson Road

City

Maple Heights

State

OH

Zip Code

44137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94754

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. JAMES E. JORDAN

Mailing Address 21417 Watson Road

City

Maple Heights

State

OH

Zip Code

44137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95094

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

41.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 454 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES E. JORDAN

Mailing Address 21417 Watson Road

City

Maple Heights

State

OH

Zip Code

44137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95437

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. HOWARD JORGENSEN

Mailing Address P.O. Box 1024

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA RET CHPT 10

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94153

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

C. CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2953.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.93696

Amount of Each Receipt this Period

136.39

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

257.39

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 455 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3041.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93815

Amount of Each Receipt this Period

88.38

Full Name (Last, First, Middle Initial)

B. CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3129.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96104

Amount of Each Receipt this Period

88.38

Full Name (Last, First, Middle Initial)

C. SHERI L. KAESERMailing Address 1722 211th Street East
#30

City	State	Zip Code
Spanaway	WA	98387

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95896

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

187.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 456 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANA H. KAHLE

Mailing Address 713 Piper Road

City

Shippenville

State

PA

Zip Code

16254

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/PASSHE

Occupation

CLERK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97517

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY LEE KAMER

Mailing Address 1529 Jackson Street

City

Portsmouth

State

OH

Zip Code

45662

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/PORTSMOUTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.97176

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. TIMOTHY LEE KAMER

Mailing Address 1529 Jackson Street

City

Portsmouth

State

OH

Zip Code

45662

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/PORTSMOUTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.82

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97255

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)..... ►

40.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 457 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TONI R. KAMERER

Mailing Address 259 Grand Blvd.

City

Bedford

State

OH

Zip Code

44146

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/BEDFORD

Occupation

SECURITY OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.96974

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. ARNOLD K. KANESHIRO

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

Transaction ID : SA11AI.97348

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER J. KAPPELLA

Mailing Address 315 South Park

City

Springfield

State

MN

Zip Code

56087

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	5		

Transaction ID : SA11AI.97644

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

91.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 458 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS J. KAPERAK Full Name (Last, First, Middle Initial) Mailing Address 7900 Glen Arbor Court City Mentor State OH Zip Code 44060 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/RIVERSIDE LSD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96975 Amount of Each Receipt this Period 208.20
B. RONALD G. KAPUNIAI Full Name (Last, First, Middle Initial) Mailing Address 45-222 Keana Road City Kaneohe State HI Zip Code 96744-2318 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97349 Amount of Each Receipt this Period 21.00
C. WILLIAM KAUFFMAN Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City Harrisburg State PA Zip Code 17111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.80			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94067 Amount of Each Receipt this Period 29.58
SUBTOTAL of Receipts This Page (optional)..... ▶			71.40
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 459 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRITT D. KAUFMANMailing Address 1212 Jefferson Street SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95897

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. ALAN E. KEARNEY

Mailing Address 9254 Highland Creek Road

City	State	Zip Code
Bloomington	MN	55437

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96724

Amount of Each Receipt this Period

65.60

Full Name (Last, First, Middle Initial)

C. STEPHEN R. KEENEYMailing Address 2963 County Line Road
Unit B

City	State	Zip Code
Kettering	OH	45430

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97256

Amount of Each Receipt this Period

52.42

SUBTOTAL of Receipts This Page (optional)..... ▶

158.02

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 460 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAVID E. KELLER Full Name (Last, First, Middle Initial) Mailing Address 266 So. Lime Street City Orange State CA Zip Code 92868 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.94235 Amount of Each Receipt this Period 12.00
B. DAVID E. KELLER Full Name (Last, First, Middle Initial) Mailing Address 266 So. Lime Street City Orange State CA Zip Code 92868 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.94244 Amount of Each Receipt this Period 12.00
C. DAVID E. KELLER Full Name (Last, First, Middle Initial) Mailing Address 266 So. Lime Street City Orange State CA Zip Code 92868 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.94253 Amount of Each Receipt this Period 12.00
SUBTOTAL of Receipts This Page (optional)..... ▶			36.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 461 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT E. KELLER

Mailing Address 5428 78th Avenue NW

City

Olympia

State

WA

Zip Code

98502

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

FIELD SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.95898

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

B. SUSAN M. KELLER

Mailing Address 5428 78th Avenue NW

City

Olympia

State

WA

Zip Code

98502

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.95899

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. JOHN W. KELLEY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.96385

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

103.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 462 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN W. KELLEY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	5		

Transaction ID : SA11AI.96477

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JOHN W. KELLEY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	5		

Transaction ID : SA11AI.96596

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ALISON KELLYMailing Address 15 West Kellogg Blvd.
#270

City

St. Paul

State

MN

Zip Code

55102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.85

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	5		

Transaction ID : SA11AI.96725

Amount of Each Receipt this Period

42.10

SUBTOTAL of Receipts This Page (optional)..... ►

72.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 463 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONALD JOSEPH KELLY

Mailing Address 23 Glen Drive

City	State	Zip Code
Troy	NY	12180

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97991

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. DONALD JOSEPH KELLY

Mailing Address 23 Glen Drive

City	State	Zip Code
Troy	NY	12180

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.98003

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. TONJA E. KELLY

Mailing Address 53 Chaplen Drive

City	State	Zip Code
Dayton	OH	45426

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95095

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

48.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 464 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TONJA E. KELLY

Mailing Address 53 Chaplen Drive

City

Dayton

State

OH

Zip Code

45426

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95438

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DEBORAH KENNARD

Mailing Address P.O. Box 500605

City

San Diego

State

CA

Zip Code

92150

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.97833

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ERIN D. KENNEDY

Mailing Address 551 Park Avenue

#2

City

Syracuse

State

NY

Zip Code

13204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/ADMIN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.98078

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ▶

39.62

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 465 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NADINE KENNEDY

Mailing Address 735 G U.S. Route 4E

City	State	Zip Code
Rutland	VT	05701-9029

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94270

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ADRIENNE J. KERN

Mailing Address P.O. Box 44

City	State	Zip Code
Hawthorne	WI	54842

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96726

Amount of Each Receipt this Period

56.64

Full Name (Last, First, Middle Initial)

C. KATHLEEN KERRMailing Address 1926 N Holland Sylvania Road
Apt. 29

City	State	Zip Code
Toledo	OH	43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94756

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

89.64

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 466 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHLEEN KERR

Mailing Address 1926 N Holland Sylvania Road
Apt. 29

City State Zip Code
Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95096

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN KERR

Mailing Address 1926 N Holland Sylvania Road
Apt. 29

City State Zip Code
Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95439

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. KAREN E. KERVIN

Mailing Address 318 Hane Avenue

City State Zip Code
Marion OH 43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94757

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 467 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAREN E. KERVIN

Mailing Address 318 Hane Avenue

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95097

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. KAREN E. KERVIN

Mailing Address 318 Hane Avenue

City

Marion

State

OH

Zip Code

43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95440

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. JOANNE KICKEN

Mailing Address 271 W. Mason Avenue

City

Buckley

State

WA

Zip Code

98321

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95733

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 468 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOANNE KICKEN Full Name (Last, First, Middle Initial) Mailing Address 271 W. Mason Avenue City State Zip Code Buckley WA 98321 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 543.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95900 Amount of Each Receipt this Period 28.00
B. LORI E. KIEF Full Name (Last, First, Middle Initial) Mailing Address 4413 Doe Crossing Trail City State Zip Code Madison WI 53704 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME WI CN 40/CTY OF MADISON ADMINISTRATIVE CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2015 Transaction ID : SA11AI.97740 Amount of Each Receipt this Period 10.00
C. MAUREEN S. KIMMERLE Full Name (Last, First, Middle Initial) Mailing Address 814 6th Avenue SW City State Zip Code Independence IA 50644 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.32			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96386 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional)..... ▶			58.83
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 469 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MAUREEN S. KIMMERLE

Mailing Address 814 6th Avenue SW

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

424.15

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96478

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. MAUREEN S. KIMMERLE

Mailing Address 814 6th Avenue SW

City

State

Zip Code

Independence

IA

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

444.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96597

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. MONA L. KING

Mailing Address 929 Rye Drive

City

State

Zip Code

La Plata

MD

20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

RECORDS OFFICE ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93816

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ▶

66.66

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 470 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MONA L. KING

Mailing Address 929 Rye Drive

City

La Plata

State

MD

Zip Code

20646

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

RECORDS OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96105

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. SPENCER KINGMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95734

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SPENCER KINGMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95901

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 471 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEIRDRE A. KIRKWOOD

Mailing Address 38128 Grant Drive

City

Palmdale

State

CA

Zip Code

93552

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.94218

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DEIRDRE A. KIRKWOOD

Mailing Address 38128 Grant Drive

City

Palmdale

State

CA

Zip Code

93552

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.94225

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DEIRDRE A. KIRKWOOD

Mailing Address 38128 Grant Drive

City

Palmdale

State

CA

Zip Code

93552

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1199/COPE

Occupation

NURSE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SA11AI.97821

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 472 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROSEMARY A. KIRLIN Full Name (Last, First, Middle Initial) Mailing Address 820 16th Street City West Des Moines State IA Zip Code 50265 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96387 Amount of Each Receipt this Period 10.41
B. ROSEMARY A. KIRLIN Full Name (Last, First, Middle Initial) Mailing Address 820 16th Street City West Des Moines State IA Zip Code 50265 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.61			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96479 Amount of Each Receipt this Period 10.41
C. ROSEMARY A. KIRLIN Full Name (Last, First, Middle Initial) Mailing Address 820 16th Street City West Des Moines State IA Zip Code 50265 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96598 Amount of Each Receipt this Period 10.41
SUBTOTAL of Receipts This Page (optional)..... ▶			31.23
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 473 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RICHARD D. KITTS

Mailing Address 1500 Marion Road

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94758

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. RICHARD D. KITTS

Mailing Address 1500 Marion Road

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95098

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. RICHARD D. KITTS

Mailing Address 1500 Marion Road

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95441

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 474 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARGARET M. KIZINA Full Name (Last, First, Middle Initial) Mailing Address 45 Linden Lane City Boyertown State PA Zip Code 19512 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97444 Amount of Each Receipt this Period 40.00
B. ERIKA A. KLEVEN Full Name (Last, First, Middle Initial) Mailing Address 1266 250th Avenue City Avoca State MN Zip Code 56114 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.96727 Amount of Each Receipt this Period 20.00
C. CHRISTOPHER A. KLINE Full Name (Last, First, Middle Initial) Mailing Address 96 West Street City McClure State PA Zip Code 17841 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97445 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			80.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 475 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROLYN A. KLINGLESMTIH

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

787.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96728

Amount of Each Receipt this Period

77.72

Full Name (Last, First, Middle Initial)

B. BRIAN W. KLOPP

Mailing Address 4707 Calvert Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

888.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93817

Amount of Each Receipt this Period

47.56

Full Name (Last, First, Middle Initial)

C. BRIAN W. KLOPP

Mailing Address 4707 Calvert Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

936.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96106

Amount of Each Receipt this Period

47.56

SUBTOTAL of Receipts This Page (optional)..... ►

172.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 476 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTINE KNAPP

Mailing Address 255 Trail East

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96976

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MARK A. KNIPP

Mailing Address 3010 Rock Road

City	State	Zip Code
Shelby	OH	44875

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95099

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MARK A. KNIPP

Mailing Address 3010 Rock Road

City	State	Zip Code
Shelby	OH	44875

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95442

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 477 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARCIA R. KNOX Full Name (Last, First, Middle Initial) Mailing Address 1660 Newton Avenue City Dayton State OH Zip Code 45406 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 952.08			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97258 Amount of Each Receipt this Period 91.06
B. MARCIA R. KNOX Full Name (Last, First, Middle Initial) Mailing Address 1660 Newton Avenue City Dayton State OH Zip Code 45406 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 957.08			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.97311 Amount of Each Receipt this Period 5.00
C. SCOTT C. KNUDTSON Full Name (Last, First, Middle Initial) Mailing Address 310 N. Main Street City Wheatland State IA Zip Code 52777 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.96599 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)..... ▶			126.06
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 478 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SAMIRA S. KOLA

Mailing Address 4855 Seminole Drive

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.97889

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MARIA A. KOLAND

Mailing Address P.O. Box 117

City

Motley

State

MN

Zip Code

56466

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96729

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. QUENTIN KOOIKER

Mailing Address RR1 Box 20

City

Collins

State

IA

Zip Code

50055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96388

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

57.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 479 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. QUENTIN KOOIKER

Mailing Address RR1 Box 20

City
CollinsState
IAZip Code
50055FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96480

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. QUENTIN KOOIKER

Mailing Address RR1 Box 20

City
CollinsState
IAZip Code
50055FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96600

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS M. KORBA

Mailing Address P.O. Box 172

City
BannockState
OHZip Code
43972FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94760

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

44.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 480 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOUGLAS M. KORBA

Mailing Address P.O. Box 172

City	State	Zip Code
Bannock	OH	43972

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95100

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS M. KORBA

Mailing Address P.O. Box 172

City	State	Zip Code
Bannock	OH	43972

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95443

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. KERRY KORPI

Mailing Address 8913 First Avenue

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.63

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93697

Amount of Each Receipt this Period

102.78

SUBTOTAL of Receipts This Page (optional)..... ►

142.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 481 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. RICHARD A. KOSER</p> <p>Mailing Address 576 Dyas Drive</p> <p>City Mansfield State OH Zip Code 44905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS CORD.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 303.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.94761</p> <p>Amount of Each Receipt this Period 18.00</p>		
<p>Full Name (Last, First, Middle Initial) B. RICHARD A. KOSER</p> <p>Mailing Address 576 Dyas Drive</p> <p>City Mansfield State OH Zip Code 44905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS CORD.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 321.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.95101</p> <p>Amount of Each Receipt this Period 18.00</p>		
<p>Full Name (Last, First, Middle Initial) C. RICHARD A. KOSER</p> <p>Mailing Address 576 Dyas Drive</p> <p>City Mansfield State OH Zip Code 44905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS CORD.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 339.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95444</p> <p>Amount of Each Receipt this Period 18.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			54.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 482 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENISE L. KOTHE

Mailing Address 908 Rosewood Drive

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95102

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DENISE L. KOTHE

Mailing Address 908 Rosewood Drive

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95445

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. STEVEN J KOWALIK

Mailing Address 5431 Larchwood Lane

City

Toledo

State

OH

Zip Code

43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97259

Amount of Each Receipt this Period

89.34

SUBTOTAL of Receipts This Page (optional)..... ►

109.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 483 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ADELE N. KOYAMA

Mailing Address 1374 Mailani Street

City	State	Zip Code
Hilo	HI	96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97352

Amount of Each Receipt this Period

20.85

Full Name (Last, First, Middle Initial)

B. ANDREW KOZLOSKY

Mailing Address 55 West Savory Street

City	State	Zip Code
Pottsville	PA	17901

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94069

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

C. ALICA KRAEMERMailing Address 19395 Knowlton Parkway
Apt. 202

City	State	Zip Code
Strongsville	OH	44149

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94763

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ▶

77.71

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 484 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ALICA KRAEMER</p> <p>Mailing Address 19395 Knowlton Parkway Apt. 202</p> <p>City State Zip Code Strongsville OH 44149</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 344.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.95103</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) B. ALICA KRAEMER</p> <p>Mailing Address 19395 Knowlton Parkway Apt. 202</p> <p>City State Zip Code Strongsville OH 44149</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 364.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95446</p> <p>Amount of Each Receipt this Period 20.00</p>	
<p>Full Name (Last, First, Middle Initial) C. LYNN A. KRATZ</p> <p>Mailing Address 326 Brentwood Drive P.O. Box 8453</p> <p>City State Zip Code Cedar Rapids IA 52408</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.96389</p> <p>Amount of Each Receipt this Period 22.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>62.00</p> <p></p>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 485 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LYNN A. KRATZMailing Address 326 Brentwood Drive
P.O. Box 8453

City	State	Zip Code
Cedar Rapids	IA	52408

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96481

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

B. LYNN A. KRATZMailing Address 326 Brentwood Drive
P.O. Box 8453

City	State	Zip Code
Cedar Rapids	IA	52408

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96601

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

C. LORETTA K. KREIGER

Mailing Address 55 Circle Drive

City	State	Zip Code
Medina	OH	44256

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94764

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

59.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 486 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LORETTA K. KREIGER

Mailing Address 55 Circle Drive

City

Medina

State

OH

Zip Code

44256

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95104

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. LORETTA K. KREIGER

Mailing Address 55 Circle Drive

City

Medina

State

OH

Zip Code

44256

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95447

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. BEVERLY KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

630.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93698

Amount of Each Receipt this Period

63.10

SUBTOTAL of Receipts This Page (optional)..... ►

93.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 487 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1406.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93818

Amount of Each Receipt this Period

74.04

Full Name (Last, First, Middle Initial)

B. STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1480.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96107

Amount of Each Receipt this Period

74.04

Full Name (Last, First, Middle Initial)

C. JEREMY S KRUSEMailing Address 1410 SE Belmont St.
Apt. 208

City	State	Zip Code
Portland	OR	97214

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93819

Amount of Each Receipt this Period

23.34

SUBTOTAL of Receipts This Page (optional)..... ►

171.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 488 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROLEE C KUBO

Mailing Address 1919 Young Street

City

Honolulu

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : SA11AI.97353

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL G. KUCHTA

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96730

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. STEVEN F. KULLMAN

Mailing Address 310 Timber Run Road

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94765

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

76.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 489 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVEN F. KULLMAN

Mailing Address 310 Timber Run Road

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95105

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. STEVEN F. KULLMAN

Mailing Address 310 Timber Run Road

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95448

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. LEANNE KUNZE

Mailing Address 8155 Scandia Road

City

Waconia

State

MN

Zip Code

55387

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.97645

Amount of Each Receipt this Period

82.00

SUBTOTAL of Receipts This Page (optional)..... ►

124.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 490 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JUDY K. KUSCHEL			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : SA11AI.95735			M M	/	D D	/	Y Y Y Y	10		09		2015
M M	/	D D	/	Y Y Y Y											
10		09		2015											
Mailing Address 118 NE 147th Street			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>15.00</td> </tr> </table>								15.00				
					15.00										
City Vancouver	State WA	Zip Code 98685													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			C												
C															
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>285.00</td> </tr> </table>									285.00				
					285.00										
Full Name (Last, First, Middle Initial) B. JUDY K. KUSCHEL			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : SA11AI.95902			M M	/	D D	/	Y Y Y Y	10		26		2015
M M	/	D D	/	Y Y Y Y											
10		26		2015											
Mailing Address 118 NE 147th Street			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>15.00</td> </tr> </table>								15.00				
					15.00										
City Vancouver	State WA	Zip Code 98685													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			C												
C															
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>300.00</td> </tr> </table>									300.00				
					300.00										
Full Name (Last, First, Middle Initial) C. SUSAN LABAJ			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>08</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : SA11AI.97622			M M	/	D D	/	Y Y Y Y	10		08		2015
M M	/	D D	/	Y Y Y Y											
10		08		2015											
Mailing Address 665 Greenbrien Ln			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>20.00</td> </tr> </table>								20.00				
					20.00										
City Crystal Lake	State IL	Zip Code 60014													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			C												
C															
Name of Employer AFSCME IN CN 962		Occupation STAFF REPRESENTATIVE													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>420.00</td> </tr> </table>									420.00				
					420.00										
SUBTOTAL of Receipts This Page (optional)..... ▶			<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>50.00</td> </tr> </table>								50.00				
					50.00										
TOTAL This Period (last page this line number only)..... ▶			<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 491 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN LABAJ

Mailing Address 665 Greenbrien Ln

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IN CN 962

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97623

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. HAROLD J. LACKING

Mailing Address 46 Mary Avenue

City

Dayton

State

OH

Zip Code

45405

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94766

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. HAROLD J. LACKING

Mailing Address 46 Mary Avenue

City

Dayton

State

OH

Zip Code

45405

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95106

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HAROLD J. LACKING

Mailing Address 46 Mary Avenue

City

Dayton

State

OH

Zip Code

45405

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95449

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DEBORAH H. LACOMBE

Mailing Address 1502 3rd Street NE

City

Staples

State

MN

Zip Code

56479

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.96731

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MICHAEL L. LACOSTE

Mailing Address 95 Smith Avenue

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.96732

Amount of Each Receipt this Period

42.10

SUBTOTAL of Receipts This Page (optional)..... ►

77.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 493 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANITA J. LAHR

Mailing Address 427 Knight Town Road

 City
 Shippenville

 State
 PA

 Zip Code
 16254

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME PA CN 13/PASSHE

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97519

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. JEANINE LAKE

Mailing Address 1324 Bittersweet Circle

 City
 Las Vegas

 State
 NV

 Zip Code
 89128

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME NV LOC 4041

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97588

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. FRANCIS M. LALLY III

Mailing Address 5 Vansant Rd., Deacon's Walk

 City
 Newark

 State
 DE

 Zip Code
 19711

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97636

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 494 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANGELA LAMANNA

Mailing Address 296 Churchmans Road

City	State	Zip Code
New Castle	DE	19720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97637

Amount of Each Receipt this Period

67.32

Full Name (Last, First, Middle Initial)

B. MICHAEL LANCASTER

Mailing Address 6800 N High Street

City	State	Zip Code
Worthington	OH	43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/METROHEALTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97177

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. MICHAEL LANCASTER

Mailing Address 6800 N High Street

City	State	Zip Code
Worthington	OH	43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/METROHEALTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97260

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

86.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 495 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HUGO LANDAVERDE

Mailing Address 15857 15th Avenue NE

City
ShorelineState
WAZip Code
98155FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95903

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. PAUL R. LANEMailing Address 119 Eastpointe Ridge Drive
Apt. 215

City

Columbus

State

OH

Zip Code

43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95107

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PAUL R. LANEMailing Address 119 Eastpointe Ridge Drive
Apt. 215

City

Columbus

State

OH

Zip Code

43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95450

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 496 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CASSANDRA LANG

Mailing Address 117 Parkside Dr

City

New Haven

State

CT

Zip Code

06515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

ADMN ASST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.97696

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. JERRY L. LARGENTMailing Address 523 Main Street
Apt. D15

City

Grafton

State

OH

Zip Code

44044

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95108

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JERRY L. LARGENTMailing Address 523 Main Street
Apt. D15

City

Grafton

State

OH

Zip Code

44044

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95451

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

28.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 497 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JERRY S. LARICCHIUTA

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			01			2015					

Transaction ID : SA11AI.97983

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. JERRY S. LARICCHIUTA

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.97992

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. JERRY S. LARICCHIUTA

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

461.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.98004

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

57.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 498 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REGINA K. LARKINS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.96390

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. REGINA K. LARKINS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	5		2	0	1	5		

Transaction ID : SA11AI.96482

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. REGINA K. LARKINS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	5		

Transaction ID : SA11AI.96602

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

31.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 499 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES L. LAROCCA

Mailing Address P.O. Box 93143

City

Cleveland

State

OH

Zip Code

44101

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

RESEARCHER III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94769

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JAMES L. LAROCCA

Mailing Address P.O. Box 93143

City

Cleveland

State

OH

Zip Code

44101

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

RESEARCHER III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95109

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. JAMES L. LAROCCA

Mailing Address P.O. Box 93143

City

Cleveland

State

OH

Zip Code

44101

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

RESEARCHER III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95452

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 500 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIZABETH D. LARSEN

Mailing Address 900 Grant Street SW

City

State

Zip Code

Tumwater

WA

98512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME WA CN 28

DIRECTOR OF ADMINISTRATION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95904

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. SHAWN K. LARUE

Mailing Address 602 N 3rd Street

City

State

Zip Code

Eddyville

IA

52553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME IA CN 61/DOCS

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.96603

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

C. BRENDA R. LATHAM

Mailing Address 3140 Scottwood Road

City

State

Zip Code

Columbus

OH

43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME OH LOC 11/STATE OF OH

OFFICE ASSISTANT III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94770

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

125.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 501 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRENDA R. LATHAM

Mailing Address 3140 Scottwood Road

City

Columbus

State

OH

Zip Code

43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95110

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. BRENDA R. LATHAM

Mailing Address 3140 Scottwood Road

City

Columbus

State

OH

Zip Code

43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95453

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. RHONDA L LATHON

Mailing Address 8521 Moon Glass Court

City

Columbia

State

MD

Zip Code

21045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

BUSINESS ANALYST III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93820

Amount of Each Receipt this Period

50.20

SUBTOTAL of Receipts This Page (optional)..... ►

92.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 502 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RHONDA L LATHON Full Name (Last, First, Middle Initial) Mailing Address 8521 Moon Glass Court City Columbia State MD Zip Code 21045 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1004.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96108 Amount of Each Receipt this Period 50.20
B. WENDY K. LATIMER Full Name (Last, First, Middle Initial) Mailing Address 216 Linden Street City West Liberty State OH Zip Code 43357 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95454 Amount of Each Receipt this Period 10.00
C. TIMOTHY F. LAVELLE Full Name (Last, First, Middle Initial) Mailing Address 14 Pawnee Court City Putnam State IL Zip Code 61560 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.62			Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.97715 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶			85.20
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 503 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBORAH A. LAWNICZAK

Mailing Address 118 Hannum Avenue

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.94771

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. DEBORAH A. LAWNICZAK

Mailing Address 118 Hannum Avenue

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95112

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. DEBORAH A. LAWNICZAK

Mailing Address 118 Hannum Avenue

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95455

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JOHN S. LAWRENCE</p> <p>Mailing Address 6165 Albert Street Apt. 311</p> <p>City North Ridgeville State OH Zip Code 44039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> <p>Transaction ID : SA11AI.95113</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div> </p> </p>					
<p>Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 210.00 </div> </p>			<p>Full Name (Last, First, Middle Initial) B. JOHN S. LAWRENCE</p> <p>Mailing Address 6165 Albert Street Apt. 311</p> <p>City North Ridgeville State OH Zip Code 44039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> <p>Transaction ID : SA11AI.95456</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div> </p> </p>		
<p>Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 220.00 </div> </p>			<p>Full Name (Last, First, Middle Initial) C. ANDREA C. LAZO-RICE</p> <p>Mailing Address 3216 16th Avenue S.</p> <p>City Minneapolis State MN Zip Code 55407</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>			<p>Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 29 / 2015 </div> <p>Transaction ID : SA11AI.96733</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 20.00 </div> </p> </p>		
<p>Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 250.00 </div> </p>			<p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 20.00 </div> </p>					
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>						<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 40.00 </div>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>						<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 505 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALAN L. LEE

 Mailing Address 1660 Peachtree NW
 #6406

 City State Zip Code
 Atlanta GA 30309

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.90

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : SA11AI.93821

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

B. ALAN L. LEE

 Mailing Address 1660 Peachtree NW
 #6406

 City State Zip Code
 Atlanta GA 30309

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.38

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.96109

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

C. SUE C. LEE-ALLEN

Mailing Address 7935 SW Santolina Place

 City State Zip Code
 Beaverton OR 97008-6272

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 30 2015

Transaction ID : SA11AI.97549

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

190.96

TOTAL This Period (last page this line number only)..... ►

190.96

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 506 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RENEE M. LEFTENANT Full Name (Last, First, Middle Initial) Mailing Address 1873 Jermain Drive City Columbus State OH Zip Code 43219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLERK II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95114 Amount of Each Receipt this Period 10.00
B. RENEE M. LEFTENANT Full Name (Last, First, Middle Initial) Mailing Address 1873 Jermain Drive City Columbus State OH Zip Code 43219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLERK II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95457 Amount of Each Receipt this Period 10.00
C. LUZ LE GALLEY Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson Street SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95737 Amount of Each Receipt this Period 12.00
SUBTOTAL of Receipts This Page (optional)..... ▶		32.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 507 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LUZ LE GALLEY

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95905

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. DONALD G. LEHMAN

Mailing Address P.O. Box 147

City

Woodward

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96391

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. DONALD G. LEHMAN

Mailing Address P.O. Box 147

City

Woodward

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96483

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

32.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 508 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONALD G. LEHMAN

Mailing Address P.O. Box 147

City

Woodward

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	9		2	0	1	5		

Transaction ID : SA11AI.96604

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. ERIC N. LEHTOMailing Address 2122 West 2nd Street
Apt. #2

City

Duluth

State

MN

Zip Code

55086

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SA11AI.96734

Amount of Each Receipt this Period

105.22

Full Name (Last, First, Middle Initial)

C. JACQUALINE D. LEISURE

Mailing Address 1600 28th Street NW

City

Canton

State

OH

Zip Code

44709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CANTON CITY

Occupation

COOK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.96895

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

134.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 509 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JACQUALINE D. LEISURE

Mailing Address 1600 28th Street NW

City

State

Zip Code

Canton

OH

44709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CANTON CITY

Occupation

COOK

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96978

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. ROBERT M. LELIS
Mailing Address 7805 Normandie Blvd.
Apt. E

City

State

Zip Code

Cleveland

OH

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94774

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ROBERT M. LELIS
Mailing Address 7805 Normandie Blvd.
Apt. E

City

State

Zip Code

Cleveland

OH

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95115

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

49.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT M. LELIS

Mailing Address 7805 Normandie Blvd.
 Apt. E

City State Zip Code
 Cleveland OH 44130

FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95458

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. NEIL A. LEMASTER

Mailing Address 4320 NW Second Avenue

City State Zip Code
 Des Moines IA 50313

FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.20

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.96392

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. NEIL A. LEMASTER

Mailing Address 4320 NW Second Avenue

City State Zip Code
 Des Moines IA 50313

FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.61

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.96484

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

35.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 511 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NEIL A. LEMASTER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96605

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. TRAVIS B. LENANDER

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97956

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. SONIA A. LENOIR

Mailing Address 5157 Tucson Drive

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95116

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 512 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SONIA A. LENOIR

Mailing Address 5157 Tucson Drive

City	State	Zip Code
Dayton	OH	45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95459

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHARLES E. LESTER

Mailing Address 2475 Chandler Avenue

City	State	Zip Code
Las Vegas	NV	89120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93822

Amount of Each Receipt this Period

51.86

Full Name (Last, First, Middle Initial)

C. CHARLES E. LESTER

Mailing Address 2475 Chandler Avenue

City	State	Zip Code
Las Vegas	NV	89120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96110

Amount of Each Receipt this Period

51.86

SUBTOTAL of Receipts This Page (optional)..... ►

113.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CLIFTON K. LESTER

Mailing Address 26411 Goosecreek Road

City	State	Zip Code
Mc Arthur	OH	45651

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4/LOGAN-HOCKING

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96979

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. DAVID J. LEVIN

Mailing Address 41 Florence Place

City	State	Zip Code
Pittsburgh	PA	15228

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97448

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. ROGER LEVINGS

Mailing Address 206 East Dunklin Street

City	State	Zip Code
Jefferson City	MO	65101

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97659

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 514 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. SUSAN T. LEVITAN</p> <p>Mailing Address 2650 Worrell Court</p> <p>City Crofton State MD Zip Code 21114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1519.06</p>			<p>Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.93823 </p> <p>Amount of Each Receipt this Period 80.32</p>	
<p>Full Name (Last, First, Middle Initial) B. SUSAN T. LEVITAN</p> <p>Mailing Address 2650 Worrell Court</p> <p>City Crofton State MD Zip Code 21114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1620.06</p>			<p>Date of Receipt 10 / 23 / 2015 Transaction ID : SA11AI.98108 </p> <p>Amount of Each Receipt this Period 101.00</p>	
<p>Full Name (Last, First, Middle Initial) C. SUSAN T. LEVITAN</p> <p>Mailing Address 2650 Worrell Court</p> <p>City Crofton State MD Zip Code 21114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1702.18</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.96111 </p> <p>Amount of Each Receipt this Period 82.12</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			263.44	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 515 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SARAH LEWERENZ

Mailing Address 6997 West Van Road

City

Duluth

State

MN

Zip Code

55803

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.97646

Amount of Each Receipt this Period

75.96

Full Name (Last, First, Middle Initial)

B. CORDELIA M. LEWIS

Mailing Address P.O. Box 5149

City

Boston

State

MA

Zip Code

02206-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			01			2015					

Transaction ID : SA11AI.93699

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. GREG LEWIS

Mailing Address 1816 E. 22nd Street

City

Des Moines

State

IA

Zip Code

50317

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			08			2015					

Transaction ID : SA11AI.96606

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

235.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 516 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. OTHA T. LEWIS

Mailing Address 3077 Kemp Road

City

Beavercreek

State

OH

Zip Code

45431

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95117

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. OTHA T. LEWIS

Mailing Address 3077 Kemp Road

City

Beavercreek

State

OH

Zip Code

45431

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95460

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SANDRA D. LEWIS

Mailing Address 4614 Kuendinger Avenue

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94777

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SANDRA D. LEWIS

Mailing Address 4614 Kuendinger Avenue

City	State	Zip Code
Dayton	OH	45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95118

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SANDRA D. LEWIS

Mailing Address 4614 Kuendinger Avenue

City	State	Zip Code
Dayton	OH	45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95461

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MICHELE A. LEWIS-MUZZATTI

Mailing Address 3705 Adams Drive

City	State	Zip Code
Silver Spring	MD	20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, CONF & TRAVEL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2515.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93824

Amount of Each Receipt this Period

130.54

SUBTOTAL of Receipts This Page (optional)..... ►

160.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 518 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELE A. LEWIS-MUZZATTI

Mailing Address 3705 Adams Drive

City

Silver Spring

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, CONF & TRAVEL SVCS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2545.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.98107

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. MICHELE A. LEWIS-MUZZATTI

Mailing Address 3705 Adams Drive

City

Silver Spring

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, CONF & TRAVEL SVCS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2675.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96112

Amount of Each Receipt this Period

130.54

Full Name (Last, First, Middle Initial)

C. JOEL A. LEWIS-THOMAS

Mailing Address 101 West Third Street

City

Dayton

State

OH

Zip Code

45402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/DAYTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97180

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 519 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOEL A. LEWIS-THOMAS Full Name (Last, First, Middle Initial) Mailing Address 101 West Third Street City Dayton State OH Zip Code 45402 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/DAYTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.42		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.97261 Amount of Each Receipt this Period 9.61
B. VALERY LIGHT Full Name (Last, First, Middle Initial) Mailing Address 32 Barley Lane City Palmyra State PA Zip Code 17078 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.54		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94070 Amount of Each Receipt this Period 86.68
C. CHRISTINE L. LIGHTNER Full Name (Last, First, Middle Initial) Mailing Address 452 Scandia Street City Blacklick State OH Zip Code 43004 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABORATORY SCIENTIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94778 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶		111.29
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 520 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHRISTINE L. LIGHTNER			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95119		
Mailing Address 452 Scandia Street City Blacklick State OH Zip Code 43004			Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation LABORATORY SCIENTIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00			
Full Name (Last, First, Middle Initial) B. CHRISTINE L. LIGHTNER			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95462		
Mailing Address 452 Scandia Street City Blacklick State OH Zip Code 43004			Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation LABORATORY SCIENTIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			
Full Name (Last, First, Middle Initial) C. JOSEPH E. LILLY			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96393		
Mailing Address 39 Main Avenue City Johnston State IA Zip Code 50131			Amount of Each Receipt this Period 12.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			42.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 521 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH E. LILLY

Mailing Address 39 Main Avenue

City

Johnston

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96485

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. JOSEPH E. LILLY

Mailing Address 39 Main Avenue

City

Johnston

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96607

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. LINDA M. LILLY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.96394

Amount of Each Receipt this Period

12.41

SUBTOTAL of Receipts This Page (optional)..... ►

36.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 522 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LINDA M. LILLY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.96486

Amount of Each Receipt this Period

12.41

Full Name (Last, First, Middle Initial)

B. LINDA M. LILLY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : SA11AI.96608

Amount of Each Receipt this Period

12.41

Full Name (Last, First, Middle Initial)

C. ELLEN H. LIM

Mailing Address P.O. Box 1977

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2015			

Transaction ID : SA11AI.97358

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

49.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 523 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DARRELL LINCOLN

Mailing Address 12405 Shady Oak Blvd.

City	State	Zip Code
Gsrfield Hts	OH	44125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95120

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DARRELL LINCOLN

Mailing Address 12405 Shady Oak Blvd.

City	State	Zip Code
Gsrfield Hts	OH	44125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95463

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRIAN J. LINDHOLT

Mailing Address 2311 McKinley Street NE

City	State	Zip Code
Minneapolis	MN	55418

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96735

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

78.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 524 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL LINDHOLT

Mailing Address 2752 Randolph Street NE

City

Minneapolis

State

MN

Zip Code

55418-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96736

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. PATRICIA LINDSTROM

Mailing Address 5477 SE Clearbrook Street

City

Hillsbora

State

OR

Zip Code

97123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

RESEARCH ANALYST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97550

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. THERESA LIPKO

Mailing Address 117 South Main Street

City

Carbondale

State

PA

Zip Code

18407

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94071

Amount of Each Receipt this Period

76.12

SUBTOTAL of Receipts This Page (optional)..... ►

208.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 525 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TOM LIPKO

Mailing Address 117 South Main Street

City	State	Zip Code
Carbondale	PA	18407

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1306.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94072

Amount of Each Receipt this Period

140.58

Full Name (Last, First, Middle Initial)

B. DEBORAH M. LIPPINCOTT

Mailing Address 5192 SW Old Clifton Road

City	State	Zip Code
Port Orchard	WA	98367

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93826

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

C. DEBORAH M. LIPPINCOTT

Mailing Address 5192 SW Old Clifton Road

City	State	Zip Code
Port Orchard	WA	98367

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96114

Amount of Each Receipt this Period

34.76

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHARON LIPPS

Mailing Address 4645 Shriver Road

City State Zip Code
North Canton OH 44720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94780

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. SHARON LIPPS

Mailing Address 4645 Shriver Road

City State Zip Code
North Canton OH 44720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95121

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SHARON LIPPS

Mailing Address 4645 Shriver Road

City State Zip Code
North Canton OH 44720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WKRS COMPENSATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95464

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 527 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. COREY LOCKARD

Mailing Address P.O. Box 22

City

Benton

State

PA

Zip Code

17814

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1274.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94073

Amount of Each Receipt this Period

121.56

Full Name (Last, First, Middle Initial)

B. KENNETH H LOEFFLER-KEMP

Mailing Address 2902 Bald Eagle Trail

City

Duluth

State

MN

Zip Code

55804

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96737

Amount of Each Receipt this Period

70.88

Full Name (Last, First, Middle Initial)

C. MICHELLE L. LOMBARDI

Mailing Address 216 Laird Avenue NE

City

Warren

State

OH

Zip Code

44483

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SA11AI.97183

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

234.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELLE L. LOMBARDI

Mailing Address 216 Laird Avenue NE

City	State	Zip Code
Warren	OH	44483

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH CN 8

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.97184

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. MICHELLE L. LOMBARDI

Mailing Address 216 Laird Avenue NE

City	State	Zip Code
Warren	OH	44483

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH CN 8

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97262

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER A. LONG

Mailing Address 1200 Mulligan hill Road

City	State	Zip Code
New Florence	PA	15944

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97449

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 529 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK LONG Sr.

Mailing Address 2805 W Latona Road

City

Laveen

State

AZ

Zip Code

85339

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME AZ LOC 2960

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97567

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PAUL LONG

Mailing Address P.O. Box 310864

City

Flint

State

MI

Zip Code

48531

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97064

Amount of Each Receipt this Period

28.71

Full Name (Last, First, Middle Initial)

C. PAUL LONG

Mailing Address P.O. Box 310864

City

Flint

State

MI

Zip Code

48531

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

487.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97099

Amount of Each Receipt this Period

28.71

SUBTOTAL of Receipts This Page (optional)..... ▶

77.42

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 530 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAUL LONG

Mailing Address P.O. Box 310864

City State Zip Code
 Flint MI 48531

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.89

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.97136

Amount of Each Receipt this Period

28.71

Full Name (Last, First, Middle Initial)

B. WILLIAM R. LONG III

Mailing Address 1348 West Ninth Street

City State Zip Code
 Erie PA 16502

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97450

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MARTHA LOVE

Mailing Address 1846 West Cherry Street

City State Zip Code
 Milwaukee WI 53205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI RET CHPT 48

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2015

Transaction ID : SA11AI.97699

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.71

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 531 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SABRINA LOVE

Mailing Address 23 Chadwick Drive

City	State	Zip Code
Stafford	VA	22556

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93827

Amount of Each Receipt this Period

26.27

Full Name (Last, First, Middle Initial)

B. SABRINA LOVE

Mailing Address 23 Chadwick Drive

City	State	Zip Code
Stafford	VA	22556

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96115

Amount of Each Receipt this Period

26.27

Full Name (Last, First, Middle Initial)

C. CHARLES M. LOVELESSMailing Address 2100 11th Street NW
#206

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			01			2015					

Transaction ID : SA11AI.93700

Amount of Each Receipt this Period

95.47

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

148.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 532 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARLA KAY LOVERINK

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.96395

Amount of Each Receipt this Period

12.41

Full Name (Last, First, Middle Initial)

B. CARLA KAY LOVERINK

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96487

Amount of Each Receipt this Period

12.41

Full Name (Last, First, Middle Initial)

C. CARLA KAY LOVERINK

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96609

Amount of Each Receipt this Period

12.41

SUBTOTAL of Receipts This Page (optional)..... ►

37.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 533 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMANDA R. LOWREY

Mailing Address 1374 Mailani Street

City
HiloState
HIZip Code
96720FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97359

Amount of Each Receipt this Period

20.85

Full Name (Last, First, Middle Initial)

B. MIKE LOZA

Mailing Address 3737 Camino Del Rio South

City
San DiegoState
CAZip Code
92108FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.97890

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. E. ZACHARY LUCAS

Mailing Address 6 South Concord Road

City
West ChesterState
PAZip Code
19382FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/PASSHE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97797

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

61.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 534 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EARL M. LUCEROMailing Address 1896 Kinoole Street C
Apt. C

City	State	Zip Code
Hilo	HI	96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97360

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. SALVATORE LUCIANO

Mailing Address 947 Bunker Hill Road

City	State	Zip Code
Watertown	CT	06795-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97685

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SALVATORE LUCIANO

Mailing Address 947 Bunker Hill Road

City	State	Zip Code
Watertown	CT	06795-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96219

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

139.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 535 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM LUCY Full Name (Last, First, Middle Initial) Mailing Address 1831 Sudbury Lane NW City Washington State DC Zip Code 20012-2202 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1836.83		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.93701 Amount of Each Receipt this Period 183.89
B. THERESA LUDWICK Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson Street SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95907 Amount of Each Receipt this Period 12.50
C. JERRY LUGO Full Name (Last, First, Middle Initial) Mailing Address 801 Fox Run #2 City Findlay State OH Zip Code 45840 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95122 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		206.39
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 536 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JERRY LUGO

Mailing Address 801 Fox Run #2

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICES REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95465

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROSANNE LUGO

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95739

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DENISE ANN LUNA

Mailing Address 38 River Lane

City

Levittown

State

PA

Zip Code

19055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

COURT CLERK ADMINISTRATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

557.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94074

Amount of Each Receipt this Period

58.92

SUBTOTAL of Receipts This Page (optional)..... ►

88.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 OF 1006

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES H. LUNDY

Mailing Address 2024 SW 173 Avenue

City

Miramar

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

890.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93828

Amount of Each Receipt this Period

46.95

Full Name (Last, First, Middle Initial)

B. CHARLES H. LUNDY

Mailing Address 2024 SW 173 Avenue

City

Miramar

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

937.07

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96116

Amount of Each Receipt this Period

46.95

Full Name (Last, First, Middle Initial)

C. WILLIAM LURYE

Mailing Address 17 Sherman Avenue

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1679.22

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93829

Amount of Each Receipt this Period

88.38

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

182.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 538 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. WILLIAM LURYE</p> <p>Mailing Address 17 Sherman Avenue</p> <p>City State Zip Code Takoma Park MD 20912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1767.60</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96117 </p> <p>Amount of Each Receipt this Period 88.38</p>
<p>Full Name (Last, First, Middle Initial) B. JOHN A. LYALL</p> <p>Mailing Address 383 Ashmoore Circle East</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH CN 8 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1410.90</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97263 </p> <p>Amount of Each Receipt this Period 130.36</p>
<p>Full Name (Last, First, Middle Initial) C. JOHN A. LYALL</p> <p>Mailing Address 383 Ashmoore Circle East</p> <p>City State Zip Code Powell OH 43065</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH CN 8 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1424.90</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96220 </p> <p>Amount of Each Receipt this Period 14.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		232.74
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 539 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHRYN LYBARGER Full Name (Last, First, Middle Initial) Mailing Address 1548 Woolsey Street City Berkeley State CA Zip Code 94703 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3299 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 692.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97933 Amount of Each Receipt this Period 40.00
B. KATHRYN LYBARGER Full Name (Last, First, Middle Initial) Mailing Address 1548 Woolsey Street City Berkeley State CA Zip Code 94703 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3299 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96221 Amount of Each Receipt this Period 28.00
C. HENRY L. LYKES Full Name (Last, First, Middle Initial) Mailing Address 3676 Farnum Street City Inkster State MI Zip Code 48141 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI RET SUB CHPT 38 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.97701 Amount of Each Receipt this Period 20.84
SUBTOTAL of Receipts This Page (optional)..... ▶			88.84
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 540 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALEXIS LYMAN

Mailing Address 1179 Charles Street

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME RI CN 94

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.94147

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1227.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96222

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. TINA M. LYNCH

Mailing Address 1202 N 14th Street

City

Harrisburg

State

PA

Zip Code

17103

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

281.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94075

Amount of Each Receipt this Period

31.26

SUBTOTAL of Receipts This Page (optional)..... ►

105.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 541 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVENS D. LYONS

Mailing Address 8 Beacon Street

City
BostonState
MAZip Code
02108-0000FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94271

Amount of Each Receipt this Period

73.26

Full Name (Last, First, Middle Initial)

B. BRENDA L. MABE

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94782

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. BRENDA L. MABE

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95123

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

113.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 542 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRENDA L. MABE

Mailing Address 34291 Brokaw Road

City State Zip Code
 Columbia Station OH 44028

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95466

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER A. MABE

Mailing Address 34291 Brokaw Road

City State Zip Code
 Columbia Station OH 44028

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT/

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1345.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.94783

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER A. MABE

Mailing Address 34291 Brokaw Road

City State Zip Code
 Columbia Station OH 44028

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT/

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95124

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 543 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTOPHER A. MABE Full Name (Last, First, Middle Initial) Mailing Address 34291 Brokaw Road City Columbia Station State OH Zip Code 44028 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT/ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1395.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95467 Amount of Each Receipt this Period 25.00
B. DEBBIE MACIAS Full Name (Last, First, Middle Initial) Mailing Address 1900 Embarcadero Suite 305 City Oakland State CA Zip Code 94606 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA CN 57/EAST BAY PARKS Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.90			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97867 Amount of Each Receipt this Period 21.00
C. YUNIER MACOLA-JIMENEZ Full Name (Last, First, Middle Initial) Mailing Address 6800 N High Street City Worthington State OH Zip Code 43085-2512 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97264 Amount of Each Receipt this Period 33.16
SUBTOTAL of Receipts This Page (optional)..... ▶			79.16
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 544 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDRE J. MADTES

Mailing Address 625 SE 4th Court

City

Dania Beach

State

FL

Zip Code

33004

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1431.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93830

Amount of Each Receipt this Period

79.84

Full Name (Last, First, Middle Initial)

B. ANDRE J. MADTES

Mailing Address 625 SE 4th Court

City

Dania Beach

State

FL

Zip Code

33004

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96118

Amount of Each Receipt this Period

79.84

Full Name (Last, First, Middle Initial)

C. ROBERT C. MAGNUSON

Mailing Address 5890 Game Farm Road

City

Urbana

State

OH

Zip Code

43078

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LPN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95125

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

169.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 545 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT C. MAGNUSON Full Name (Last, First, Middle Initial) Mailing Address 5890 Game Farm Road City Urbana State OH Zip Code 43078 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LPN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95468 Amount of Each Receipt this Period 10.00
B. JOHN MAGUIRE Full Name (Last, First, Middle Initial) Mailing Address 6800 N High ST City Worthington State OH Zip Code 43085 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 549.84		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97265 Amount of Each Receipt this Period 56.02
C. MICHAEL P. MAGUIRE Full Name (Last, First, Middle Initial) Mailing Address 20 Duffield Drive City Lititz State PA Zip Code 17543 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 879.19		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94076 Amount of Each Receipt this Period 86.68
SUBTOTAL of Receipts This Page (optional)..... ▶		152.70
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 546 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LOUIS J. MAHOLICMailing Address 2726 Juno Place
Apt. #2

City	State	Zip Code
Fairlawn	OH	44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97185

Amount of Each Receipt this Period

65.90

Full Name (Last, First, Middle Initial)

B. LOUIS J. MAHOLICMailing Address 2726 Juno Place
Apt. #2

City	State	Zip Code
Fairlawn	OH	44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.97266

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. DEIRDRE J. MAHONEY-CLARK

Mailing Address 7407 SE Jack

City	State	Zip Code
Milwaukie	OR	97222

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

HS INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97552

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHAWN T. MAKAR

Mailing Address 95 Mill Road

City

Berwick

State

PA

Zip Code

18603

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/LOCAL 2361

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97521

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MATTHEW MALDONADO

Mailing Address P.O. Box 1712

City

Claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

686.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.97891

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. MIGUEL MALDONADO

Mailing Address 106 Topsfield Farm Circle

City

Englewood

State

OH

Zip Code

45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ELECTRICIAN II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95126

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

106.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 548 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MIGUEL MALDONADO

Mailing Address 106 Topsfield Farm Circle

City	State	Zip Code
Englewood	OH	45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ELECTRICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95469

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CONSTANCE A. MALO

Mailing Address 92-633 Nawa Street

City	State	Zip Code
Kapolei	HI	96707

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97362

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. KATHRYN S. MALONE

Mailing Address 988 Circle on the Green

City	State	Zip Code
Columbus	OH	43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

908.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96846

Amount of Each Receipt this Period

40.44

SUBTOTAL of Receipts This Page (optional)..... ►

100.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 549 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHRYN S. MALONE

Mailing Address 988 Circle on the Green

City	State	Zip Code
Columbus	OH	43235

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.96980

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. LARRY MALONE

Mailing Address 5185 Horseshoe Falls Drive

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.96847

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. LARRY MALONE

Mailing Address 5185 Horseshoe Falls Drive

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11AI.96981

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 550 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MOLLY MALONEY			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94273		
Mailing Address 131 Mainhart Drive City State Zip Code Grass Valley CA 95945			Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MA CN 93		Occupation PEOPLE CORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) B. MARK MANDICH			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.97647		
Mailing Address 315 South Park City State Zip Code Springfield MN 56087			Amount of Each Receipt this Period 73.80		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MN CN 65		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 830.26			
Full Name (Last, First, Middle Initial) C. STEPHEN MANDUSIC			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95127		
Mailing Address 2469 Haviland Court City State Zip Code Mansfield OH 44903			Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			143.80		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 551 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHEN MANDUSIC Full Name (Last, First, Middle Initial) Mailing Address 2469 Haviland Court City Mansfield State OH Zip Code 44903 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95470 Amount of Each Receipt this Period 10.00		
B. MANUEL MANGUAL Full Name (Last, First, Middle Initial) Mailing Address 417 Arizona Avenue City Bay Shore State NY Zip Code 11706 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97984 Amount of Each Receipt this Period 19.24		
C. MANUEL MANGUAL Full Name (Last, First, Middle Initial) Mailing Address 417 Arizona Avenue City Bay Shore State NY Zip Code 11706 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 404.04			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.97993 Amount of Each Receipt this Period 19.24		
SUBTOTAL of Receipts This Page (optional)..... ▶			48.48		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 552 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MANUEL MANGUAL

Mailing Address 417 Arizona Avenue

City

Bay Shore

State

NY

Zip Code

11706

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS INST.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.98005

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. MARICRUZ M. MANZANAREZ

Mailing Address 2201 Broadway Street

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.97934

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

C. JOSEPH J. MARATEAMailing Address 55 Main Street
P.O. Box 503

City

Spencer

State

NY

Zip Code

14883

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

LABOR RELATIONS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.97994

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

48.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH J. MARATEA

Mailing Address 55 Main Street

P.O. Box 503

City

Spencer

State

NY

Zip Code

14883

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

LABOR RELATIONS SPECIALIST

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.98006

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GENEVIEVE R. MARCUS

Mailing Address 1419 Dunster Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93832

Amount of Each Receipt this Period

37.32

Full Name (Last, First, Middle Initial)

C. GENEVIEVE R. MARCUS

Mailing Address 1419 Dunster Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96120

Amount of Each Receipt this Period

37.32

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.64

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 554 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JULIE MARK

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94077

Amount of Each Receipt this Period

31.26

Full Name (Last, First, Middle Initial)

B. MARY E. MARKO

Mailing Address 7063 Marcarol Lane

City

Cincinnati

State

OH

Zip Code

45230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PERMIT TECHNICIAN II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94787

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARY E. MARKO

Mailing Address 7063 Marcarol Lane

City

Cincinnati

State

OH

Zip Code

45230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PERMIT TECHNICIAN II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95128

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

61.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY E. MARKO

Mailing Address 7063 Marcarol Lane

City

Cincinnati

State

OH

Zip Code

45230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PERMIT TECHNICIAN II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95471

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. TINA A. MARKS

Mailing Address 577 Price Road

City

Newark

State

OH

Zip Code

43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94788

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. TINA A. MARKS

Mailing Address 577 Price Road

City

Newark

State

OH

Zip Code

43055

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95129

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

47.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 556 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TINA A. MARKS</p> <p>Mailing Address 577 Price Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Newark</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43055</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation ACCOUNTANT/EXAMINER</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 352.00</p>			City Newark	State OH	Zip Code 43055	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER	<p>Date of Receipt <div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 10</div> <div><small>D D D</small> 30</div> <div><small>Y Y Y Y Y Y</small> 2015</div> </div> <p>Transaction ID : SA11AI.95472</p> <p>Amount of Each Receipt this Period 16.00</p> </p>	
City Newark	State OH	Zip Code 43055							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER								
<p>Full Name (Last, First, Middle Initial) B. ALFRED J. MARRON</p> <p>Mailing Address 508 E Bloomington Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Iowa City</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 52245</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/UNIV OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			City Iowa City	State IA	Zip Code 52245	Name of Employer AFSCME IA CN 61/UNIV OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt <div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 10</div> <div><small>D D D</small> 15</div> <div><small>Y Y Y Y Y Y</small> 2015</div> </div> <p>Transaction ID : SA11AI.94151</p> <p>Amount of Each Receipt this Period 30.00</p> </p>	
City Iowa City	State IA	Zip Code 52245							
Name of Employer AFSCME IA CN 61/UNIV OF IA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) C. PAUL D. MARTEN</p> <p>Mailing Address 22900 Flint Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Tomah</td> <td style="width: 33%;">State WI</td> <td style="width: 33%;">Zip Code 54660</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WI CN 40</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			City Tomah	State WI	Zip Code 54660	Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt <div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> 10</div> <div><small>D D D</small> 16</div> <div><small>Y Y Y Y Y Y</small> 2015</div> </div> <p>Transaction ID : SA11AI.94205</p> <p>Amount of Each Receipt this Period 21.00</p> </p>	
City Tomah	State WI	Zip Code 54660							
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE								
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>67.00</p> <p></p>						

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 557 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIZA MARTIN

Mailing Address 91-208 Kekepania Place E.

City

Kapolei

State

HI

Zip Code

96707-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	1	5		

Transaction ID : SA11AI.97364

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. GARY MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	1	5		

Transaction ID : SA11AI.96848

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. GARY MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43062

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	1	5		

Transaction ID : SA11AI.96982

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 558 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEVIN MARTIN

Mailing Address 203 21st Street

City

Ames

State

IA

Zip Code

50010

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.96611

Amount of Each Receipt this Period

208.20

Full Name (Last, First, Middle Initial)

B. LISA G. MARTINMailing Address 4621 28th Road S.
Apt. C

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

920.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93833

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

C. LISA G. MARTINMailing Address 4621 28th Road S.
Apt. C

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

969.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96121

Amount of Each Receipt this Period

48.86

SUBTOTAL of Receipts This Page (optional)..... ►

118.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 559 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ALEIDA MARTINEZ</p> <p>Mailing Address 2201 Broadway Street</p> <p>City State Zip Code Oakland CA 94612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 3299/UNIV OF CA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 209.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97935</p> <p>Amount of Each Receipt this Period 19.00</p>
<p>Full Name (Last, First, Middle Initial) B. KELLY MARTINEZ</p> <p>Mailing Address 444 E. Main Steet</p> <p>City State Zip Code New Britain CT 06051-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CT CN 4 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97686</p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) C. MONICA MARTINEZ</p> <p>Mailing Address 1118 S Mantle Lane #10B</p> <p>City State Zip Code Santa Ana CA 92705</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 3299/UNIV OF CA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97936</p> <p>Amount of Each Receipt this Period 25.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>64.00</p>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 560 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAULA MARTINEZ

Mailing Address 3963 200th Avenue

City

Carlisle

State

IA

Zip Code

50047

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96396

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. PAULA MARTINEZ

Mailing Address 3963 200th Avenue

City

Carlisle

State

IA

Zip Code

50047

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96488

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. PAULA MARTINEZ

Mailing Address 3963 200th Avenue

City

Carlisle

State

IA

Zip Code

50047

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96612

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 561 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN J. MARTINEZ

 Mailing Address 1212 Jefferson St., SE
 Suite 300

City	State	Zip Code
Olympia	WA	98501

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95740

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. SUSAN J. MARTINEZ

 Mailing Address 1212 Jefferson St., SE
 Suite 300

City	State	Zip Code
Olympia	WA	98501

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95910

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. MICHAEL MARVIN

Mailing Address 2520 Sharon Drive

City	State	Zip Code
Omaha	NE	68112

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME NE LOC 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97606

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 563 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BETTY T. MATSUMURA Full Name (Last, First, Middle Initial) Mailing Address 1374 Mailani Street City State Zip Code Hilo HI 96720 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.50			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 01 / 2015 </div> Transaction ID : SA11AI.97365 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 20.85 </div>
B. JOSEPH R. MATTHES Full Name (Last, First, Middle Initial) Mailing Address 5319 Colorado Street City State Zip Code Duluth MN 55804 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 598.80			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 15 / 2015 </div> Transaction ID : SA11AI.93834 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.92 </div>
C. JOSEPH R. MATTHES Full Name (Last, First, Middle Initial) Mailing Address 5319 Colorado Street City State Zip Code Duluth MN 55804 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 638.72			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.96122 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.92 </div>
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 100.69 </div>
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 564 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JILLIAN P. MATUNDAN Full Name (Last, First, Middle Initial) Mailing Address 134 North Pine Avenue City Albany State NY Zip Code 12203 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, ORGANIZNG & FLD SVI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 936.27		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93835 Amount of Each Receipt this Period 48.51
B. JILLIAN P. MATUNDAN Full Name (Last, First, Middle Initial) Mailing Address 134 North Pine Avenue City Albany State NY Zip Code 12203 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, ORGANIZNG & FLD SVI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 984.78		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96123 Amount of Each Receipt this Period 48.51
C. JAN P. MATUSAK Full Name (Last, First, Middle Initial) Mailing Address 700 N. Alameda Street #2-219 City Los Angeles State CA Zip Code 90012 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1001 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97844 Amount of Each Receipt this Period 39.00
SUBTOTAL of Receipts This Page (optional)..... ▶		136.02
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 565 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAN P. MATUSAK

 Mailing Address 700 N. Alameda Street
 #2-219

City	State	Zip Code
Los Angeles	CA	90012

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME CA LOC 1001

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97845

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. JENNIFER L. MATYAS

Mailing Address 103 Riley Avenue

City	State	Zip Code
London	OH	43140

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95130

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. JENNIFER L. MATYAS

Mailing Address 103 Riley Avenue

City	State	Zip Code
London	OH	43140

 FEC ID number of contributing
 federal political committee.

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95473

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATTHEW MAYERS

Mailing Address 1833 Ontario Place NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, STRATEGIC RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93836

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

B. MATTHEW MAYERS

Mailing Address 1833 Ontario Place NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, STRATEGIC RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96124

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

C. TRACY R. MAYOR

Mailing Address 3449 Surrey Road SE

City

Warren

State

OH

Zip Code

44484

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95131

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TRACY R. MAYOR

Mailing Address 3449 Surrey Road SE

City

Warren

State

OH

Zip Code

44484

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95474

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

637.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.97660

Amount of Each Receipt this Period

35.42

Full Name (Last, First, Middle Initial)

C. KATHLEEN MAZZOUCCOLO

Mailing Address 16 West 30th Street

City

Bayonne

State

NJ

Zip Code

07002-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 52

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97603

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ▶

75.42

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIMOTHY W. MCALLISTER Full Name (Last, First, Middle Initial) Mailing Address 5379 Red Wynne Lane City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PROGRAMMER/ANALYST 5 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94791 Amount of Each Receipt this Period 14.00
B. TIMOTHY W. MCALLISTER Full Name (Last, First, Middle Initial) Mailing Address 5379 Red Wynne Lane City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PROGRAMMER/ANALYST 5 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95132 Amount of Each Receipt this Period 14.00
C. TIMOTHY W. MCALLISTER Full Name (Last, First, Middle Initial) Mailing Address 5379 Red Wynne Lane City Hilliard State OH Zip Code 43026 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PROGRAMMER/ANALYST 5 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95475 Amount of Each Receipt this Period 14.00
SUBTOTAL of Receipts This Page (optional)..... ▶		42.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 569 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City	State	Zip Code
Takoma Park	MD	20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2168.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93837

Amount of Each Receipt this Period

114.11

Full Name (Last, First, Middle Initial)

B. ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City	State	Zip Code
Takoma Park	MD	20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2282.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96125

Amount of Each Receipt this Period

114.11

Full Name (Last, First, Middle Initial)

C. CYNTHIA R. MCCABE

Mailing Address 4608 Harvard Road

City	State	Zip Code
College Park	MD	20740

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1096.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93838

Amount of Each Receipt this Period

57.79

SUBTOTAL of Receipts This Page (optional)..... ►

286.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 570 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CYNTHIA R. MCCABE

Mailing Address 4608 Harvard Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96126

Amount of Each Receipt this Period

57.79

Full Name (Last, First, Middle Initial)

B. BOYD B. MCCAMISH

Mailing Address 1004 Woodtown Drive

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93839

Amount of Each Receipt this Period

48.24

Full Name (Last, First, Middle Initial)

C. BOYD B. MCCAMISH

Mailing Address 1004 Woodtown Drive

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96127

Amount of Each Receipt this Period

48.24

SUBTOTAL of Receipts This Page (optional)..... ►

154.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 571 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARGARET MCCANN Full Name (Last, First, Middle Initial) Mailing Address 103 Lynnmere Drive City Silver Spring State MD Zip Code 20901 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1198.52			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93840 Amount of Each Receipt this Period 63.08
B. MARGARET MCCANN Full Name (Last, First, Middle Initial) Mailing Address 103 Lynnmere Drive City Silver Spring State MD Zip Code 20901 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1261.60			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96128 Amount of Each Receipt this Period 63.08
C. ANDY MCCANTS Full Name (Last, First, Middle Initial) Mailing Address 1210 195th Street E. City Spanaway State WA Zip Code 98387 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95741 Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)..... ▶			147.16
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 572 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDY MCCANTS

Mailing Address 1210 195th Street E.

City

Spanaway

State

WA

Zip Code

98387

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95911

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. MICHAEL A. MCCARTHY

Mailing Address 9916 Sherman Road

City

Chesterland

State

OH

Zip Code

44026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/ORANGE SCHOOLS

Occupation

BUS DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96983

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. LEO B. MCCONNELL

Mailing Address 620 Tunnelhill Street

City

Gallitzin

State

PA

Zip Code

16641

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94079

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

71.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 573 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEO B. MCCONNELL

Mailing Address 620 Tunnelhill Street

City

Gallitzin

State

PA

Zip Code

16641

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97452

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. TERENCE MCCORMACK

Mailing Address 6221 Oak Tree Drive N

City

Lorain

State

OH

Zip Code

44053

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SAFETY & HEALTH COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94792

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. TERENCE MCCORMACK

Mailing Address 6221 Oak Tree Drive N

City

Lorain

State

OH

Zip Code

44053

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SAFETY & HEALTH COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95133

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

54.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 574 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TERENCE MCCORMACK

Mailing Address 6221 Oak Tree Drive N

City	State	Zip Code
Lorain	OH	44053

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SAFETY & HEALTH COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95476

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MALINDA E. MCCORMICK

Mailing Address 5251 Greenville Drive

City	State	Zip Code
Bryans Road	MD	20616

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93841

Amount of Each Receipt this Period

17.27

Full Name (Last, First, Middle Initial)

C. MALINDA E. MCCORMICK

Mailing Address 5251 Greenville Drive

City	State	Zip Code
Bryans Road	MD	20616

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96129

Amount of Each Receipt this Period

17.27

SUBTOTAL of Receipts This Page (optional)..... ►

49.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 575 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARTIN L. MCCORMICK

Mailing Address G-4610 Beecher Road

City

State

Zip Code

Flint

MI

48532

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/GENESEE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			20			2015					

Transaction ID : SA11AI.97137

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. THOMAS F. MCCracken

Mailing Address 343 East Main Street

City

State

Zip Code

Mahaffey

PA

15757-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STATE SUPERVISOR DISTR 2

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.97453

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. LEVALLE D. MCCrARY

Mailing Address 909 Glenn Avenue

City

State

Zip Code

Wshngtn Ct Hs

OH

43160

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95134

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 576 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEVALLE D. MCCRARY

Mailing Address 909 Glenn Avenue

City	State	Zip Code
Wshngtn Ct Hs	OH	43160

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.95477

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. TERESA L. MCCULLOUGH

Mailing Address 269082 Highway 101

City	State	Zip Code
Sequim	WA	98382

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME WA CN 28

Occupation

SECRATARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.98019

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. TERESA L. MCCULLOUGH

Mailing Address 269082 Highway 101

City	State	Zip Code
Sequim	WA	98382

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME WA CN 28

Occupation

SECRATARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
10																			

Transaction ID : SA11AI.95671

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 577 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERESA L. MCCULLOUGH Full Name (Last, First, Middle Initial) Mailing Address 269082 Highway 101 City Sequim State WA Zip Code 98382 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95672 Amount of Each Receipt this Period 10.00
B. TERESA L. MCCULLOUGH Full Name (Last, First, Middle Initial) Mailing Address 269082 Highway 101 City Sequim State WA Zip Code 98382 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95912 Amount of Each Receipt this Period 10.00
C. JAMES E. MCDONALD Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 48 City Vermilion State OH Zip Code 44089 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95135 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			30.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 578 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES E. MCDONALD

Mailing Address P.O. Box 48

City

Vermilion

State

OH

Zip Code

44089

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95478

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRIAN P. MCDONNELL

Mailing Address 56 Chestnut Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93843

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

C. BRIAN P. MCDONNELL

Mailing Address 56 Chestnut Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96131

Amount of Each Receipt this Period

54.75

SUBTOTAL of Receipts This Page (optional)..... ►

119.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 579 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD MCENTEEMailing Address 800 25th Street NW
Apt. #406

City	State	Zip Code
Washington	DC	20037-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1396.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93703

Amount of Each Receipt this Period

139.80

Full Name (Last, First, Middle Initial)

B. JERI MCEWEN

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94080

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

C. THERESA MCGEE

Mailing Address P.O. Box 123

City	State	Zip Code
Oak Harbor	WA	98277

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95742

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

202.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 580 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THERESA MCGEE

Mailing Address P.O. Box 123

City	State	Zip Code
Oak Harbor	WA	98277

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95913

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. PATTY MCGOVERN

Mailing Address 7037 N Wall Avenue

City	State	Zip Code
Portland	OR	97203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

INFO SYSTEMS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97553

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ARTHUR R. MCGRANE Jr.Mailing Address 78 10th Street E.
Unit 707

City	State	Zip Code
St. Paul	MN	55101

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/MRA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96781

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

62.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 581 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LYNNE E. MCGRAW Full Name (Last, First, Middle Initial) Mailing Address 1258 Smerset way City Pickerington State OH Zip Code 43147 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR OF ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96849 Amount of Each Receipt this Period 40.00
B. LYNNE E. MCGRAW Full Name (Last, First, Middle Initial) Mailing Address 1258 Smerset way City Pickerington State OH Zip Code 43147 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR OF ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 940.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96984 Amount of Each Receipt this Period 40.00
C. CHAD MCKENNA Full Name (Last, First, Middle Initial) Mailing Address 623 N. 39th Avenue W. City Duluth State MN Zip Code 56817 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 497.84			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96740 Amount of Each Receipt this Period 49.84
SUBTOTAL of Receipts This Page (optional)..... ▶			129.84
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 582 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BEVERLY L. MCKINLEY Full Name (Last, First, Middle Initial) Mailing Address 21070 County Road 240 City Mount Victory State OH Zip Code 43340 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95136 Amount of Each Receipt this Period 10.00
B. BEVERLY L. MCKINLEY Full Name (Last, First, Middle Initial) Mailing Address 21070 County Road 240 City Mount Victory State OH Zip Code 43340 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95479 Amount of Each Receipt this Period 10.00
C. KRISTEN E. MCKINLEY Full Name (Last, First, Middle Initial) Mailing Address 3656 Cannongate Drive City Columbus State OH Zip Code 43228 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation STAFF ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.80			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96850 Amount of Each Receipt this Period 19.24
SUBTOTAL of Receipts This Page (optional)..... ▶			39.24
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 583 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KRISTEN E. MCKINLEY Full Name (Last, First, Middle Initial) Mailing Address 3656 Cannongate Drive City Columbus State OH Zip Code 43228 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation STAFF ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 404.04		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96985 Amount of Each Receipt this Period 19.24
B. CHERYL L. MCKINNEY Full Name (Last, First, Middle Initial) Mailing Address 230 E 65th Street City Tacoma State WA Zip Code 98404 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95743 Amount of Each Receipt this Period 13.00
C. CHERYL L. MCKINNEY Full Name (Last, First, Middle Initial) Mailing Address 230 E 65th Street City Tacoma State WA Zip Code 98404 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95915 Amount of Each Receipt this Period 13.00
SUBTOTAL of Receipts This Page (optional)..... ▶		45.24
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROL L. MCLAURIN

Mailing Address 2355 Mayfair Road

City State Zip Code
Dayton OH 45405

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94796

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. CAROL L. MCLAURIN

Mailing Address 2355 Mayfair Road

City State Zip Code
Dayton OH 45405

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95137

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. CAROL L. MCLAURIN

Mailing Address 2355 Mayfair Road

City State Zip Code
Dayton OH 45405

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95480

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 585 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN MC LELLANMailing Address 210 MLK, Jr. Blvd.
Rm 425

City	State	Zip Code
Madison	WI	53703

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.97742

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MARILYN MCMAHON

Mailing Address 7717 28th NW

City	State	Zip Code
Seattle	WA	98117

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95744

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARILYN MCMAHON

Mailing Address 7717 28th NW

City	State	Zip Code
Seattle	WA	98117

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95916

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 586 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DINAH MCMILLON

Mailing Address 3059 Blue Ridge Road

 City
 Columbus

 State
 OH

 Zip Code
 43219

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

RECEPTIONIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.96986

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CATHEY A. MCMURRY

Mailing Address 556 Mill Creek Road

 City
 Raymond

 State
 WA

 Zip Code
 98577

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.95745

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. CATHEY A. MCMURRY

Mailing Address 556 Mill Creek Road

 City
 Raymond

 State
 WA

 Zip Code
 98577

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.95917

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

38.00

TOTAL This Period (last page this line number only)..... ►

38.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 587 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH P MCNAMARA

Mailing Address 1499 N 3rd Avenue W

City

Newton

State

IA

Zip Code

50208

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96489

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JOSEPH P MCNAMARA

Mailing Address 1499 N 3rd Avenue W

City

Newton

State

IA

Zip Code

50208

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96613

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER M. MCNEELEYMailing Address 802 E County Line Road
#167

City

Des Moines

State

IA

Zip Code

50320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96398

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

30.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 588 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER M. MCNEELEYMailing Address 802 E County Line Road
#167

City	State	Zip Code
Des Moines	IA	50320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96490

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER M. MCNEELEYMailing Address 802 E County Line Road
#167

City	State	Zip Code
Des Moines	IA	50320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96614

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. EDWARD MCNEIL

Mailing Address 2546 Edison

City	State	Zip Code
Detroit	MI	48206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97065

Amount of Each Receipt this Period

41.01

SUBTOTAL of Receipts This Page (optional)..... ►

61.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 589 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EDWARD MCNEIL

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

738.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.97100

Amount of Each Receipt this Period

41.01

Full Name (Last, First, Middle Initial)

B. EDWARD MCNEIL

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

779.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.97138

Amount of Each Receipt this Period

41.01

Full Name (Last, First, Middle Initial)

C. CONNIE MCPHERSON

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95746

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

102.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 590 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CONNIE MCPHERSON Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson Street SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95918 Amount of Each Receipt this Period 20.00
B. EVARN A. MCRAE Full Name (Last, First, Middle Initial) Mailing Address 802 N. Drexel Avenue City Columbus State OH Zip Code 43219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94797 Amount of Each Receipt this Period 15.00
C. EVARN A. MCRAE Full Name (Last, First, Middle Initial) Mailing Address 802 N. Drexel Avenue City Columbus State OH Zip Code 43219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95138 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶			50.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 591 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EVARN A. MCRAE

Mailing Address 802 N. Drexel Avenue

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT CLAIMS REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95481

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DIANNE MCTEER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/MBR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.97957

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. BRENDA S. MCTURNER

Mailing Address 61 Clairdon Drive

City

Lucasville

State

OH

Zip Code

45648

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.94798

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 592 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. BRENDA S. MCTURNER			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : SA11AI.95139			M M M	/	D D D	/	Y Y Y Y Y Y	10		16		2015
M M M	/	D D D	/	Y Y Y Y Y Y											
10		16		2015											
Mailing Address 61 Clairdon Drive			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>15.00</td> </tr> </table>								15.00				
					15.00										
City Lucasville	State OH	Zip Code 45648													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td colspan="5"></td> </tr> </table>			C												
C															
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation SECRETARY													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5"></td> <td>315.00</td> </tr> </table>									315.00				
					315.00										
Full Name (Last, First, Middle Initial) B. BRENDA S. MCTURNER			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : SA11AI.95482			M M M	/	D D D	/	Y Y Y Y Y Y	10		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y											
10		30		2015											
Mailing Address 61 Clairdon Drive			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>15.00</td> </tr> </table>								15.00				
					15.00										
City Lucasville	State OH	Zip Code 45648													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td colspan="5"></td> </tr> </table>			C												
C															
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation SECRETARY													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5"></td> <td>330.00</td> </tr> </table>									330.00				
					330.00										
Full Name (Last, First, Middle Initial) C. RANDY E. MEADE			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table> Transaction ID : SA11AI.94799			M M M	/	D D D	/	Y Y Y Y Y Y	10		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y											
10		02		2015											
Mailing Address 3157 Schell Drive			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>11.00</td> </tr> </table>								11.00				
					11.00										
City Marion	State OH	Zip Code 43302													
FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> <td colspan="5"></td> </tr> </table>			C												
C															
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5"></td> <td>220.00</td> </tr> </table>									220.00				
					220.00										
SUBTOTAL of Receipts This Page (optional)..... ▶			<table border="1"> <tr> <td colspan="5"></td> <td>41.00</td> </tr> </table>								41.00				
					41.00										
TOTAL This Period (last page this line number only)..... ▶			<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>												

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RANDY E. MEADE

Mailing Address 3157 Schell Drive

City State Zip Code
Marion OH 43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95140

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. RANDY E. MEADE

Mailing Address 3157 Schell Drive

City State Zip Code
Marion OH 43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95483

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. GERARD J. MEARA

Mailing Address 65 Harmony Way

City State Zip Code
Newton PA 18940

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 73

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11AI.97665

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 594 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERARD J. MEARA

Mailing Address 65 Harmony Way

City

Newton

State

PA

Zip Code

18940

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 73

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97671

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. YOLANDA MEDINAMailing Address 8 Ralph Street
Apt. 1

City

Bergenfield

State

NJ

Zip Code

07621-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

985.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93844

Amount of Each Receipt this Period

51.86

Full Name (Last, First, Middle Initial)

C. YOLANDA MEDINAMailing Address 8 Ralph Street
Apt. 1

City

Bergenfield

State

NJ

Zip Code

07621-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1037.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96132

Amount of Each Receipt this Period

51.86

SUBTOTAL of Receipts This Page (optional)..... ►

118.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 595 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONALD MEHREN

Mailing Address 6925 Woodland Blvd.

City

Minnesota City

State

MN

Zip Code

55959

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.96741

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.97661

Amount of Each Receipt this Period

15.77

Full Name (Last, First, Middle Initial)

C. PAUL MERCATANTI

Mailing Address 1306 Tarpan Circle

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 73

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			05			2015					

Transaction ID : SA11AI.97666

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 596 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAUL MERCATANTI

Mailing Address 1306 Tarpan Circle

City

New Hope

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 73

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97672

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MICHAEL J. MESSINA

Mailing Address 752 Silver Spring Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1028.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93845

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

C. MICHAEL J. MESSINA

Mailing Address 752 Silver Spring Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1083.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96133

Amount of Each Receipt this Period

54.75

SUBTOTAL of Receipts This Page (optional)..... ►

124.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 597 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JULIE L. METHENA

Mailing Address 153 S Grove Street

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94800

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. JULIE L. METHENA

Mailing Address 153 S Grove Street

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95141

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. JULIE L. METHENA

Mailing Address 153 S Grove Street

City

Bowling Green

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95484

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

33.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. **MICHAEL B. METTY**

Mailing Address 5304 Jasmine Lane

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95142

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **MICHAEL B. METTY**

Mailing Address 5304 Jasmine Lane

City

Hillard

State

OH

Zip Code

43026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95485

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **RANDALL M. MEYER**

Mailing Address 2107 West Bremer Avenue

City

Waverly

State

IA

Zip Code

50677

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.96615

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 599 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CINDY A. MICHAEL

Mailing Address 331 Central Parkway

City

Warren

State

OH

Zip Code

44483

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97268

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

B. JUDITH MICHAELSON

Mailing Address 20232 South St

City

Hancock

State

MI

Zip Code

49930

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

CENA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94186

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JOHN MICHALEC

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97066

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

111.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 600 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN MICHALEC

Mailing Address 1544 N. Hickory

City	State	Zip Code
Owosso	MI	48867

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97101

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. JOHN MICHALEC

Mailing Address 1544 N. Hickory

City	State	Zip Code
Owosso	MI	48867

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97139

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. GLENARD MIDDLETON

Mailing Address 5108 Yellowwood Avenue

City	State	Zip Code
Baltimore	MD	21209-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97706

Amount of Each Receipt this Period

77.00

SUBTOTAL of Receipts This Page (optional)..... ►

119.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 601 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GLENARD MIDDLETON

Mailing Address 5108 Yellowwood Avenue

City
BaltimoreState
MDZip Code
21209-4611FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96224

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. JEANNE MIDDLETON

Mailing Address 501 SE Aster Court

City
AnkenyState
IAZip Code
50021FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DES MOINES

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.96616

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. KRISTEN L. MIKITA

Mailing Address 163 Beeson Court

City
GallowayState
OHZip Code
43119FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SOFTWARE DEVELOPMENT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95143

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

34.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 602 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KRISTEN L. MIKITA

Mailing Address 163 Beeson Court

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SOFTWARE DEVELOPMENT TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95486

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BARBARA J. MILKS

Mailing Address 8269 Piney Orch

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

FISCAL SPECIALIST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95144

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BARBARA J. MILKS

Mailing Address 8269 Piney Orch

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

FISCAL SPECIALIST II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95487

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

30.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ARTHUR MILLER

Mailing Address 911 White Avenue

City

State

Zip Code

Cloquet

MN

55720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME MN CN 5/STATE OF MN

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.96742

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. BRIAN D. MILLER

Mailing Address 325 Avalon Drive

City

State

Zip Code

Mansfield

OH

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME OH LOC 11/STATE OF OH

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95145

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BRIAN D. MILLER

Mailing Address 325 Avalon Drive

City

State

Zip Code

Mansfield

OH

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME OH LOC 11/STATE OF OH

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95488

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 604 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANIEL A. MILLER

Mailing Address 240 S. Enola Drive

City

Enola

State

PA

Zip Code

17025

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11Al.97456

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. MORGAN MILLER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11Al.96617

Amount of Each Receipt this Period

44.84

Full Name (Last, First, Middle Initial)

C. PATRICK C. MILLER

Mailing Address 501 Doty Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 32/LOCAL 18

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11Al.97749

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICK C. MILLER

Mailing Address 501 Doty Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WI CN 32/LOCAL 18

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.97750

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ROBERT K. MILLER

Mailing Address 29391 Old Route 35

City

Chillicothe

State

OH

Zip Code

45601

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH CN 8/CHILLICOTHE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97269

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. RONALD MILLER

Mailing Address 308 Fayette Avenue

City

Buffalo

State

NY

Zip Code

14210

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME NY CN 35/CTY OF BUFFALO

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.97763

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 606 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STACEY A. MILLER

Mailing Address 603 North Eighth Avenue

City	State	Zip Code
Altoona	PA	16601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 691

Occupation

BEHAVIORAL HEALTH TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94081

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY MILLER

Mailing Address 2724 Pine Avenue

City	State	Zip Code
Altoona	PA	16601

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94082

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. WINNIE C. MILLERMailing Address 4671 E Main Street
Apt. 23

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95146

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

126.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WINNIE C. MILLER		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 30 / 2015</div> </div>
Mailing Address 4671 E Main Street Apt. 23		Transaction ID : SA11AI.95489
City Columbus	State OH	Zip Code 43213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>Y Y Y Y Y</div> <div>10.00</div> </div>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Y Y Y Y Y</div> <div>220.00</div> </div>	

Full Name (Last, First, Middle Initial) B. KAREN L. MILTON		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 09 / 2015</div> </div>
Mailing Address 8616 Golden Given Road E.		Transaction ID : SA11AI.95747
City Tacoma	State WA	Zip Code 98445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>Y Y Y Y Y</div> <div>12.50</div> </div>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Y Y Y Y Y</div> <div>237.50</div> </div>	

Full Name (Last, First, Middle Initial) C. KAREN L. MILTON		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 26 / 2015</div> </div>
Mailing Address 8616 Golden Given Road E.		Transaction ID : SA11AI.95919
City Tacoma	State WA	Zip Code 98445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>Y Y Y Y Y</div> <div>12.50</div> </div>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Y Y Y Y Y</div> <div>250.00</div> </div>	

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

Y Y Y Y Y

35.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 608 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. EMILY L. MINGIONE-HASAN</p> <p>Mailing Address 8401 Claude Thomas Road Suite 19</p> <p>City State Zip Code Franklin OH 45005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/FRANKLIN CNTY STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97972</p> <p>Amount of Each Receipt this Period 10.00</p>
<p>Full Name (Last, First, Middle Initial) B. CHRISTINA L. MINNEY</p> <p>Mailing Address 1316 Main Street</p> <p>City State Zip Code Richmond Dale OH 45673</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.97966</p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) C. CHRISTINA L. MINNEY</p> <p>Mailing Address 1316 Main Street</p> <p>City State Zip Code Richmond Dale OH 45673</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 345.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.97967</p> <p>Amount of Each Receipt this Period 15.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		40.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 609 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHRISTINA L. MINNEY

Mailing Address 1316 Main Street

City

Richmond Dale

State

OH

Zip Code

45673

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97968

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96223

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. HAROLD F. MITCHELL

Mailing Address 3999 Kensington Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

ASSISTANT ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1151.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.97188

Amount of Each Receipt this Period

112.74

SUBTOTAL of Receipts This Page (optional)..... ►

227.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 610 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HAROLD F. MITCHELL Full Name (Last, First, Middle Initial) Mailing Address 3999 Kensingwood Drive City Columbus State OH Zip Code 43230 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation ASSISTANT ORGANIZING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1193.11			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97270 Amount of Each Receipt this Period 42.00
B. VICTORIA MITCHELL Full Name (Last, First, Middle Initial) Mailing Address 420 West 45th Street City New York State NY Zip Code 10036 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1540.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.97585 Amount of Each Receipt this Period 210.00
C. WILLIAM D. MITCHELL Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.22			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96491 Amount of Each Receipt this Period 9.82
SUBTOTAL of Receipts This Page (optional)..... ▶			261.82
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 611 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM D. MITCHELL Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.04		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96618 Amount of Each Receipt this Period 9.82
B. STACY E. MIXON Full Name (Last, First, Middle Initial) Mailing Address 3138 Fox Chaple Drive City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMIN. ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94806 Amount of Each Receipt this Period 13.00
C. STACY E. MIXON Full Name (Last, First, Middle Initial) Mailing Address 3138 Fox Chaple Drive City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMIN. ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95147 Amount of Each Receipt this Period 13.00
SUBTOTAL of Receipts This Page (optional)..... ▶		35.82
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 612 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STACY E. MIXON Full Name (Last, First, Middle Initial) Mailing Address 3138 Fox Chaple Drive City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMIN. ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95490 Amount of Each Receipt this Period 13.00
B. AMBER F. MOATS Full Name (Last, First, Middle Initial) Mailing Address 107 Spahr P.O. Box 95 City Mount Union State IA Zip Code 52644 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.97		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96400 Amount of Each Receipt this Period 21.00
C. AMBER F. MOATS Full Name (Last, First, Middle Initial) Mailing Address 107 Spahr P.O. Box 95 City Mount Union State IA Zip Code 52644 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.97		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96492 Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)..... ▶		55.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 613 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMBER F. MOATS

Mailing Address 107 Spahr P.O. Box 95

City	State	Zip Code
Mount Union	IA	52644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96619

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. JASON D. MOATS

Mailing Address 107 Spahr P.O. Box 95

City	State	Zip Code
Mount Union	IA	52644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96401

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. JASON D. MOATS

Mailing Address 107 Spahr P.O. Box 95

City	State	Zip Code
Mount Union	IA	52644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96493

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 614 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JASON D. MOATS

Mailing Address 107 Spahr P.O. Box 95

City	State	Zip Code
Mount Union	IA	52644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96620

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. KELLY L. MOBLEY

Mailing Address 3739 Elmlawn Drive

City	State	Zip Code
Toledo	OH	43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96852

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

C. KELLY L. MOBLEY

Mailing Address 3739 Elmlawn Drive

City	State	Zip Code
Toledo	OH	43614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96987

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

97.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 615 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JEANNETTE C. MOCK</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 08 / 2015</div> </div> Transaction ID : SA11AI.94083 </p>		
<p>Mailing Address 160 Patchway Road</p>			<p>Amount of Each Receipt this Period <div> <div>Y Y Y Y Y</div> <div>20.00</div> </div> </p>		
<p>City Duncansville</p>	<p>State PA</p>	<p>Zip Code 16635</p>			
<p>FEC ID number of contributing federal political committee. <div> <div>C</div> <div>Y Y Y Y Y</div> </div> </p>					
<p>Name of Employer AFSCME PA CN 13</p>		<p>Occupation STAFF REPRESENTATIVE</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>Y Y Y Y Y</div> <div>205.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) B. ALEATHEA H. MODLIN</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 26 / 2015</div> </div> Transaction ID : SA11AI.96743 </p>		
<p>Mailing Address 506 7th Avenue NE</p>			<p>Amount of Each Receipt this Period <div> <div>Y Y Y Y Y</div> <div>30.00</div> </div> </p>		
<p>City Brainerd</p>	<p>State MN</p>	<p>Zip Code 56401</p>			
<p>FEC ID number of contributing federal political committee. <div> <div>C</div> <div>Y Y Y Y Y</div> </div> </p>					
<p>Name of Employer AFSCME MN CN 5/STATE OF MN</p>		<p>Occupation STAFF REPRESENTATIVE</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>Y Y Y Y Y</div> <div>230.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) C. DEBORAH MOEN</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 26 / 2015</div> </div> Transaction ID : SA11AI.96744 </p>		
<p>Mailing Address 1508 309th Avenue NW</p>			<p>Amount of Each Receipt this Period <div> <div>Y Y Y Y Y</div> <div>24.00</div> </div> </p>		
<p>City Cambridge</p>	<p>State MN</p>	<p>Zip Code 55008-6939</p>			
<p>FEC ID number of contributing federal political committee. <div> <div>C</div> <div>Y Y Y Y Y</div> </div> </p>					
<p>Name of Employer AFSCME MN CN 5/STATE OF MN</p>		<p>Occupation STAFF REPRESENTATIVE</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>Y Y Y Y Y</div> <div>264.00</div> </div> </p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div> <div>Y Y Y Y Y</div> <div>74.00</div> </div>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div> <div>Y Y Y Y Y</div> <div></div> </div>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT MOFFITT

Mailing Address 2059 L Avenue

City

Woodard

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96402

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ROBERT MOFFITT

Mailing Address 2059 L Avenue

City

Woodard

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96494

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ROBERT MOFFITT

Mailing Address 2059 L Avenue

City

Woodard

State

IA

Zip Code

50276

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96621

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 617 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATTHEW J. MOLEK

Mailing Address 29140 Barjode Road

City

Willowick

State

OH

Zip Code

44095

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WICKLIFFE CSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97756

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

B. TRINA MOLNAR

Mailing Address 14-8 Meadowlawn Drive

City

Mentor

State

OH

Zip Code

44060

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96853

Amount of Each Receipt this Period

33.50

Full Name (Last, First, Middle Initial)

C. TRINA MOLNAR

Mailing Address 14-8 Meadowlawn Drive

City

Mentor

State

OH

Zip Code

44060

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

703.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96988

Amount of Each Receipt this Period

33.50

SUBTOTAL of Receipts This Page (optional)..... ►

108.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 618 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN MOMBERGER Full Name (Last, First, Middle Initial) Mailing Address 102 Manor Road City New Kensington State PA Zip Code 15068 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1021.02		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94084 Amount of Each Receipt this Period 103.18
B. DELMA MONTEVERDE Full Name (Last, First, Middle Initial) Mailing Address 23900 59th Place W. City Mountlake Terra State WA Zip Code 98043 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95920 Amount of Each Receipt this Period 10.50
C. CHINETTA MONTGOMERY Full Name (Last, First, Middle Initial) Mailing Address 1466 NE Going Street City Portland State OR Zip Code 97211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OR CN 75/STATE OF OR Occupation PROGRAM TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97554 Amount of Each Receipt this Period 21.00
SUBTOTAL of Receipts This Page (optional)..... ▶		134.68
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 619 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAY A. MONTGOMERY

Mailing Address 787 Green Hills Road

City

Birdsboro

State

PA

Zip Code

19508

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 2763

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SA11AI.94085

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBERT MONTUORI

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	2		2	0	1	5		

Transaction ID : SA11AI.97687

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

C. DAVID A. MOODY

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	5		

Transaction ID : SA11AI.94274

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)..... ►

146.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 620 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENNIS L. MOORE

Mailing Address 4735 E B Avenue

City

Plainwell

State

MI

Zip Code

49080

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/LOCAL 1668

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.97140

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DOUGLAS MOORE

Mailing Address 10176 Foothill Court

City

Spring Valley

State

CA

Zip Code

91977

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.97892

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. ERIC D. MOOREMailing Address 810 Wildwood Drive
Apt 22

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.97662

Amount of Each Receipt this Period

22.50

SUBTOTAL of Receipts This Page (optional)..... ►

116.50

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 622 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JULIANE MOORE

Mailing Address 304 North Wenas Avenue

City State Zip Code
Selah WA 98942

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95921

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. MARSHA J. MOORE

Mailing Address 4213 Brumbaugh Blvd.

City State Zip Code
Dayton OH 45416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94808

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. MARSHA J. MOORE

Mailing Address 4213 Brumbaugh Blvd.

City State Zip Code
Dayton OH 45416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95149

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 623 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARSHA J. MOORE

Mailing Address 4213 Brumbaugh Blvd.

City

Dayton

State

OH

Zip Code

45416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95492

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. THYRION C. MOOREMailing Address 4401 76th Avenue W.
Apt. 10

City

University Place

State

WA

Zip Code

98466

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95750

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. THYRION C. MOOREMailing Address 4401 76th Avenue W.
Apt. 10

City

University Place

State

WA

Zip Code

98466

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95922

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ▶

35.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 624 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. CHARMAINE MORALES</p> <p>Mailing Address 1925 S. Mesa Street</p> <p>City State Zip Code San Pedro CA 90731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 1199 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 240.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94219 </p> <p>Amount of Each Receipt this Period 80.00 </p>	
<p>Full Name (Last, First, Middle Initial) B. CHARMAINE MORALES</p> <p>Mailing Address 1925 S. Mesa Street</p> <p>City State Zip Code San Pedro CA 90731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 1199 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 260.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.94226 </p> <p>Amount of Each Receipt this Period 20.00 </p>	
<p>Full Name (Last, First, Middle Initial) C. CHARMAINE MORALES</p> <p>Mailing Address 1925 S. Mesa Street</p> <p>City State Zip Code San Pedro CA 90731</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA LOC 1199 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 280.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2015 Transaction ID : SA11AI.97822 </p> <p>Amount of Each Receipt this Period 20.00 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			80.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 625 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK E. MORALES
 Mailing Address 367 s Beechgrove Road
 Apt. I

City	State	Zip Code
Wilmington	OH	45177

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95150

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MARK E. MORALES
 Mailing Address 367 s Beechgrove Road
 Apt. I

City	State	Zip Code
Wilmington	OH	45177

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95493

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHELE E. MORALES
 Mailing Address 405 Thurber Drive W
 #13

City	State	Zip Code
Columbus	OH	43215

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BUSINESS PROCESS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95151

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 626 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELE E. MORALESMailing Address 405 Thurber Drive W
#13

City	State	Zip Code
Columbus	OH	43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BUSINESS PROCESS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95494

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. THOMAS P. MORAN

Mailing Address P.O. Box 302

City	State	Zip Code
Hillsboro	OH	45133

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95152

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. THOMAS P. MORAN

Mailing Address P.O. Box 302

City	State	Zip Code
Hillsboro	OH	45133

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95495

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 627 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. THOMAS J. MORAVEC			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94086	
Mailing Address 213 Chelsea Road			Amount of Each Receipt this Period 20.00	
City Plymouth Meeting	State PA	Zip Code 19462		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13/NSP/LOCAL 317D	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00			

Full Name (Last, First, Middle Initial) B. ROBERT MORCK			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96623	
Mailing Address 4320 NW Second Avenue			Amount of Each Receipt this Period 11.00	
City Des Moines	State IA	Zip Code 50313		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IA CN 61/DOCS	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00			

Full Name (Last, First, Middle Initial) C. MORIAH MOREHOUSE			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95153	
Mailing Address 1209 Binning Road			Amount of Each Receipt this Period 10.00	
City Milford	State OH	Zip Code 45150		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 628 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. MORIAH MOREHOUSE</p> <p>Mailing Address 1209 Binning Road</p> <p>City Milford State OH Zip Code 45150</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95496 </p> <p>Amount of Each Receipt this Period 10.00 </p>		
<p>Full Name (Last, First, Middle Initial) B. KAREN E. MORK</p> <p>Mailing Address 1212 Jefferson St., SE</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt 10 / 26 / 2015 Transaction ID : SA11AI.95923 </p> <p>Amount of Each Receipt this Period 10.50 </p>		
<p>Full Name (Last, First, Middle Initial) C. GENEVA L. MORMAN</p> <p>Mailing Address 439 Cove Street</p> <p>City Sandusky State OH Zip Code 44870</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95154 </p> <p>Amount of Each Receipt this Period 10.00 </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			30.50		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 629 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GENEVA L. MORMAN Full Name (Last, First, Middle Initial) Mailing Address 439 Cove Street City Sandusky State OH Zip Code 44870 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.95497 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div>
B. FRANCIS MORONEY Full Name (Last, First, Middle Initial) Mailing Address 14 Jamaica Road City Brookline State MA Zip Code 02146-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1163.34			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 07 / 2015 </div> Transaction ID : SA11AI.94275 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 120.00 </div>
C. BRENDA MORRIS Full Name (Last, First, Middle Initial) Mailing Address 28 Beth Drive City Fairchance State PA Zip Code 15436 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.46			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 08 / 2015 </div> Transaction ID : SA11AI.94087 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 76.12 </div>
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 206.12 </div>
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 630 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EMMETT K. MORRIS

Mailing Address 2062 Avalon Place

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WORKERS COMP CLAIMS CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95155

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. EMMETT K. MORRIS

Mailing Address 2062 Avalon Place

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WORKERS COMP CLAIMS CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95498

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. LAURA B. MORRIS

Mailing Address 996 S Champion Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95156

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 631 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAURA B. MORRIS

Mailing Address 996 S Champion Avenue

City State Zip Code
Columbus OH 43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95499

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LYNNE D. MORRIS

Mailing Address 2780 Eastern Glen Drive

City State Zip Code
Columbus OH 43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.97974

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. LYNNE D. MORRIS

Mailing Address 2780 Eastern Glen Drive

City State Zip Code
Columbus OH 43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.97975

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 632 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LYNNE D. MORRIS

Mailing Address 2780 Eastern Glen Drive

City	State	Zip Code
Columbus	OH	43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97976

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. RACHEL C. MORROW

Mailing Address 6221 Ssassafras Lane

City	State	Zip Code
Toledo	OH	43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96854

Amount of Each Receipt this Period

36.93

Full Name (Last, First, Middle Initial)

C. RACHEL C. MORROW

Mailing Address 6221 Ssassafras Lane

City	State	Zip Code
Toledo	OH	43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96989

Amount of Each Receipt this Period

36.93

SUBTOTAL of Receipts This Page (optional)..... ►

84.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 633 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LORI MORTONMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95924

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. RODNEY D MOSBY

Mailing Address 1107 Waterford Drive

City	State	Zip Code
District Heights	MD	20747

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

826.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93846

Amount of Each Receipt this Period

44.10

Full Name (Last, First, Middle Initial)

C. RODNEY D MOSBY

Mailing Address 1107 Waterford Drive

City	State	Zip Code
District Heights	MD	20747

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96134

Amount of Each Receipt this Period

44.10

SUBTOTAL of Receipts This Page (optional)..... ►

98.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 634 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LATASHIA N. MOSELEY

Mailing Address 1879 Biscayne Bay Circle

City

Jacksonville

State

FL

Zip Code

32218

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

881.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93847

Amount of Each Receipt this Period

46.39

Full Name (Last, First, Middle Initial)

B. LATASHIA N. MOSELEY

Mailing Address 1879 Biscayne Bay Circle

City

Jacksonville

State

FL

Zip Code

32218

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

927.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96135

Amount of Each Receipt this Period

46.39

Full Name (Last, First, Middle Initial)

C. DOUGLAS W. MOSIER

Mailing Address 1076 Cairns Road

City

Mansfield

State

OH

Zip Code

44903

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94816

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

106.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 635 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DOUGLAS W. MOSIER</p> <p>Mailing Address 1076 Cairns Road</p> <p>City Mansfield State OH Zip Code 44903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 294.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95157 </p> <p>Amount of Each Receipt this Period 14.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DOUGLAS W. MOSIER</p> <p>Mailing Address 1076 Cairns Road</p> <p>City Mansfield State OH Zip Code 44903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 308.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95500 </p> <p>Amount of Each Receipt this Period 14.00</p>	
<p>Full Name (Last, First, Middle Initial) C. TYRONE MOSLEY</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 209.00</p>			<p>Date of Receipt 10 / 09 / 2015 Transaction ID : SA11AI.95753 </p> <p>Amount of Each Receipt this Period 11.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>39.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 636 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TYRONE MOSLEY</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 220.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95925 </p> <p>Amount of Each Receipt this Period 11.00 </p>		
<p>Full Name (Last, First, Middle Initial) B. RODRIGO A. MUJICA</p> <p>Mailing Address 74 Meyer Lane</p> <p>City Medford State NY Zip Code 11763</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME NY LOC 1000/OYSTER BAY Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 202.02 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.98050 </p> <p>Amount of Each Receipt this Period 9.62 </p>		
<p>Full Name (Last, First, Middle Initial) C. RODRIGO A. MUJICA</p> <p>Mailing Address 74 Meyer Lane</p> <p>City Medford State NY Zip Code 11763</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME NY LOC 1000/OYSTER BAY Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 211.64 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.98063 </p> <p>Amount of Each Receipt this Period 9.62 </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			30.24		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 637 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RODRIGO A. MUJICA

Mailing Address 74 Meyer Lane

City

Medford

State

NY

Zip Code

11763

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/OYSTER BAY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.98079

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. MICHELLE MULHERIN

Mailing Address 2462 Cleveland Avenue

City

Reading

State

PA

Zip Code

19609

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94089

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. STEVEN C. MULLEN

Mailing Address 544 Clermont Drive

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

TRADES LABORER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1860.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94090

Amount of Each Receipt this Period

182.34

SUBTOTAL of Receipts This Page (optional)..... ►

268.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBORA L. MULROONEY

Mailing Address 2911 SE 20th Avenue

City State Zip Code
 Albany OR 97322

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

COURT CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97555

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. TRACY J MUNTZ

Mailing Address 3220 Ray Nash Drive NW

City State Zip Code
 Gig Harbor WA 98335

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.95754

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. TRACY J MUNTZ

Mailing Address 3220 Ray Nash Drive NW

City State Zip Code
 Gig Harbor WA 98335

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11AI.95926

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 639 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBORA A. MURPHY

Mailing Address 5718 Mayfair Street SW

City

Cedar Rapids

State

IA

Zip Code

52404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96403

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DEBORA A. MURPHY

Mailing Address 5718 Mayfair Street SW

City

Cedar Rapids

State

IA

Zip Code

52404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96495

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DEBORA A. MURPHY

Mailing Address 5718 Mayfair Street SW

City

Cedar Rapids

State

IA

Zip Code

52404

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96624

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 641 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THOMAS MURRAY

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.96745

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JO MUSEL-PARR

Mailing Address 2488 Woodcrest Drive

City

Chaska

State

MN

Zip Code

55318

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.97648

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BENITA MUSTINMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95928

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

60.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 642 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RAMONE MYERS

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95756

Amount of Each Receipt this Period

16.50

Full Name (Last, First, Middle Initial)

B. RAMONE MYERS

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95929

Amount of Each Receipt this Period

16.50

Full Name (Last, First, Middle Initial)

C. STEVEN L. MYERS

Mailing Address 696 Hull Road

City	State	Zip Code
Mansfield	OH	44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96855

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

73.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 643 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVEN L. MYERS

Mailing Address 696 Hull Road

City

Mansfield

State

OH

Zip Code

44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96990

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. PHYLLIS S. NAIAD

Mailing Address 13304 58th Drive NE

City

Marysville

State

WA

Zip Code

98271

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

522.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95930

Amount of Each Receipt this Period

52.26

Full Name (Last, First, Middle Initial)

C. DIANE A. NAKASHIMA

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97368

Amount of Each Receipt this Period

20.85

SUBTOTAL of Receipts This Page (optional)..... ►

113.11

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 644 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. THOMAS NAPPER			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95158	
Mailing Address 2354 Spring Cress Avenue			Amount of Each Receipt this Period 10.00	
City Grove City	State OH	Zip Code 43123		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. THOMAS NAPPER			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95501	
Mailing Address 2354 Spring Cress Avenue			Amount of Each Receipt this Period 10.00	
City Grove City	State OH	Zip Code 43123		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. JOHN D. NARVAIZ			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97846	
Mailing Address 700 North Alameda Street Suite 2-219			Amount of Each Receipt this Period 12.00	
City Los Angeles	State CA	Zip Code 90012		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSC;ME CA LOC 1001		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00		

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 645 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN D. NARVAIZ Full Name (Last, First, Middle Initial) Mailing Address 700 North Alameda Street Suite 2-219 City Los Angeles State CA Zip Code 90012 FEC ID number of contributing federal political committee. C Name of Employer AFSC;ME CA LOC 1001 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11Al.97847 Amount of Each Receipt this Period 12.00
B. REBECCA NASSARRE Full Name (Last, First, Middle Initial) Mailing Address 1701 S Norfolk Street City San Mateo State CA Zip Code 94403 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA CN 57/SAN MATEO CNTY Occupation SOCIAL WORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11Al.97872 Amount of Each Receipt this Period 50.00
C. EDWARD A. NASTARI Full Name (Last, First, Middle Initial) Mailing Address 8 Beacon Street City Boston State MA Zip Code 02108-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 652.50		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11Al.94276 Amount of Each Receipt this Period 72.50
SUBTOTAL of Receipts This Page (optional)..... ▶		134.50
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 646 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RACHEL E. NAUMAN

Mailing Address 11021 Horseshoe Drive

City

Frederick

State

MD

Zip Code

21701-3397

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SPECIAL ASSISTANT TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1378.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93849

Amount of Each Receipt this Period

76.59

Full Name (Last, First, Middle Initial)

B. RACHEL E. NAUMAN

Mailing Address 11021 Horseshoe Drive

City

Frederick

State

MD

Zip Code

21701-3397

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SPECIAL ASSISTANT TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1455.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96137

Amount of Each Receipt this Period

76.59

Full Name (Last, First, Middle Initial)

C. CHELSA A. NELSON

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96746

Amount of Each Receipt this Period

53.84

SUBTOTAL of Receipts This Page (optional)..... ►

207.02

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 647 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CYNTHIA NELSON

Mailing Address 2648 Garfield Street NE

City

Minneapolis

State

MN

Zip Code

55418

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96747

Amount of Each Receipt this Period

73.68

Full Name (Last, First, Middle Initial)

B. MATTHEW NELSON

Mailing Address 909 Carmen Lane

City

Mendota Heights

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96748

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. RICHARD NELSON

Mailing Address 315 South Park

City

Springfield

State

MN

Zip Code

56087

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97649

Amount of Each Receipt this Period

71.60

SUBTOTAL of Receipts This Page (optional)..... ►

177.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 648 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RENEE NESTLERMailing Address 27 Fetzter Court
Unit 1

City	State	Zip Code
Bloomington	IL	61704

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97716

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. JESSE NEWCOMER IV

Mailing Address 2109 Circle Road

City	State	Zip Code
Carlisle	PA	17013

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94091

Amount of Each Receipt this Period

99.78

Full Name (Last, First, Middle Initial)

C. JEFFREY L. NEWELL

Mailing Address 1237 Cranberry Lane

City	State	Zip Code
Coatesville	PA	19320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97463

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

164.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 649 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DALE A. NEWTON

Mailing Address G-4610 Beecher Road

City
FlintState
MIZip Code
48532FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/GENESEE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SA11AI.97142

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MARY L. NICHOLMailing Address 1117 Meridian Street N.
Apt. E3City
PuyallupState
WAZip Code
98371FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95757

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MARY L. NICHOLMailing Address 1117 Meridian Street N.
Apt. E3City
PuyallupState
WAZip Code
98371FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95931

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 650 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RHONDA J. NICHOLS

Mailing Address 6233 - 12th Avenue NW

City

Marysville

State

WA

Zip Code

98271-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95758

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. RHONDA J. NICHOLS

Mailing Address 6233 - 12th Avenue NW

City

Marysville

State

WA

Zip Code

98271-6526

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95932

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. SHERYL L. NICHOLS

Mailing Address 2410 East Fifth Street

City

Dayton

State

OH

Zip Code

45403

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97273

Amount of Each Receipt this Period

41.24

SUBTOTAL of Receipts This Page (optional)..... ►

83.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 651 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEROY J. NIDA

Mailing Address 208 F Place

City

Kalona

State

IA

Zip Code

52247

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.96404

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LEROY J. NIDA

Mailing Address 208 F Place

City

Kalona

State

IA

Zip Code

52247

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.96496

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. LEROY J. NIDA

Mailing Address 208 F Place

City

Kalona

State

IA

Zip Code

52247

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : SA11AI.96625

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 652 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARYN L. NIEMEYER Full Name (Last, First, Middle Initial) Mailing Address 76 Devonshire Road City Montesano State WA Zip Code 98563 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95759 Amount of Each Receipt this Period 12.00
B. CHARYN L. NIEMEYER Full Name (Last, First, Middle Initial) Mailing Address 76 Devonshire Road City Montesano State WA Zip Code 98563 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95933 Amount of Each Receipt this Period 12.00
C. NICHOLAS A. NIGHTWINE Full Name (Last, First, Middle Initial) Mailing Address 6655 Jackson Road Unit 214 City Ann Arbor State MI Zip Code 48103 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25/ANN ARBOR Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97143 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		34.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 653 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH NILSSON Full Name (Last, First, Middle Initial) Mailing Address 3215 Eastland Circle SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CLERICAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95760 Amount of Each Receipt this Period 21.00
B. JOSEPH NILSSON Full Name (Last, First, Middle Initial) Mailing Address 3215 Eastland Circle SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CLERICAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95934 Amount of Each Receipt this Period 21.00
C. GARRY Y NITTA Full Name (Last, First, Middle Initial) Mailing Address 251 Nalani Street City Makawao State HI Zip Code 96768 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97370 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶			67.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROL NOLAND

Mailing Address 860 Halekauwila Street
Apt. 1107

City State Zip Code
Honolulu HI 96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME HI RET CHPT 646

Occupation
RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94177

Amount of Each Receipt this Period

25.83

Full Name (Last, First, Middle Initial)

B. CHARLES NOLAND

Mailing Address 2905 Lae Lae Way

City State Zip Code
Honolulu HI 96819

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME HI RET CHPT 646

Occupation
RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.94178

Amount of Each Receipt this Period

25.83

Full Name (Last, First, Middle Initial)

C. KEVIN NORBIE

Mailing Address 2205 John Avenue

City State Zip Code
Superior WI 54880-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME MN CN 5/STATE OF MN

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.96749

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 655 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFFREY P. NOVOTNY Full Name (Last, First, Middle Initial) Mailing Address 1105 Harding Street City Tama State IA Zip Code 52339 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.96626 Amount of Each Receipt this Period 208.40
B. WILLIAM NOWEL Full Name (Last, First, Middle Initial) Mailing Address 1382 Elbur Avenue City Lakewood State OH Zip Code 44107 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.21			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97274 Amount of Each Receipt this Period 56.02
C. KEITH A. NUEHRING Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.22			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96497 Amount of Each Receipt this Period 9.82
SUBTOTAL of Receipts This Page (optional)..... ▶			86.68
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 656 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEITH A. NUEHRING

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96627

Amount of Each Receipt this Period

9.82

Full Name (Last, First, Middle Initial)

B. ARTHUR NUNEZMailing Address 589 Americana Way
Unit 317

City

Glendale

State

CA

Zip Code

91210

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.94236

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. ARTHUR NUNEZMailing Address 589 Americana Way
Unit 317

City

Glendale

State

CA

Zip Code

91210

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.94245

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

69.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 657 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ARTHUR NUNEZMailing Address 589 Americana Way
Unit 317

City	State	Zip Code
Glendale	CA	91210

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94254

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. VICTORIA M. NUZZI

Mailing Address 9506 Park Meridian Drive

City	State	Zip Code
Indianapolis	IN	46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93850

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

C. VICTORIA M. NUZZI

Mailing Address 9506 Park Meridian Drive

City	State	Zip Code
Indianapolis	IN	46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96138

Amount of Each Receipt this Period

34.76

SUBTOTAL of Receipts This Page (optional)..... ►

99.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 658 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERARD O'NEILL

Mailing Address 1179 Charles Street

City

N. Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME RI CN 94\

Occupation

BUSINESS AGENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.94148

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. TRACEY OATES

Mailing Address 374 Lucius Avenue

City

Youngstown

State

OH

Zip Code

44507

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

246.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.97275

Amount of Each Receipt this Period

52.62

Full Name (Last, First, Middle Initial)

C. AILEEN OBINA

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97371

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

202.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 659 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RYAN C. OCHMANEK

Mailing Address 2651 Point Pleasant Way

City	State	Zip Code
Toledo	OH	43611

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94818

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. RYAN C. OCHMANEK

Mailing Address 2651 Point Pleasant Way

City	State	Zip Code
Toledo	OH	43611

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95159

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RYAN C. OCHMANEK

Mailing Address 2651 Point Pleasant Way

City	State	Zip Code
Toledo	OH	43611

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95502

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 660 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ZACHARY T. OGLE

Mailing Address 1945 State Route 271 S

City

Lewisport

State

KY

Zip Code

42351

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93851

Amount of Each Receipt this Period

20.08

Full Name (Last, First, Middle Initial)

B. ZACHARY T. OGLE

Mailing Address 1945 State Route 271 S

City

Lewisport

State

KY

Zip Code

42351

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96139

Amount of Each Receipt this Period

20.08

Full Name (Last, First, Middle Initial)

C. ANTHONY A OGUNDIRAN

Mailing Address P.O. Box 11862

City

Minneapolis

State

MN

Zip Code

55411

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93852

Amount of Each Receipt this Period

29.49

SUBTOTAL of Receipts This Page (optional)..... ►

69.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 661 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANTHONY A OGUNDIRAN Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 11862 City Minneapolis State MN Zip Code 55411 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 580.32			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96140 Amount of Each Receipt this Period 29.49
B. TRAVIS OHM Full Name (Last, First, Middle Initial) Mailing Address 8 Highland Road City Seven Valleys State PA Zip Code 17360 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1021.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94092 Amount of Each Receipt this Period 103.18
C. ERIN S. OKANTEY Full Name (Last, First, Middle Initial) Mailing Address 722 Pepper Court City Westerville State OH Zip Code 43082 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1193.34			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93853 Amount of Each Receipt this Period 75.72
SUBTOTAL of Receipts This Page (optional)..... ▶			208.39
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 662 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERIN S. OKANTEY Full Name (Last, First, Middle Initial) Mailing Address 722 Pepper Court City Westerville State OH Zip Code 43082 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1269.06			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96141 Amount of Each Receipt this Period 75.72
B. RUSSELL K. OKATA Full Name (Last, First, Middle Initial) Mailing Address 1015 Wilder Avenue City Honolulu State HI Zip Code 96822 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation RETIREE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97372 Amount of Each Receipt this Period 100.00
C. YVONNE OLIVARES-MALDONADO Full Name (Last, First, Middle Initial) Mailing Address 4855 Seminole Drive City San Diego State CA Zip Code 92115 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.97893 Amount of Each Receipt this Period 84.00
SUBTOTAL of Receipts This Page (optional)..... ▶			259.72
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 663 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LATASHA A. OLIVER

Mailing Address 1610 Oakwood Avenue

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97276

Amount of Each Receipt this Period

40.26

Full Name (Last, First, Middle Initial)

B. HOLLY Y. OLSON

Mailing Address 15443 Martins Hundred Drive

City	State	Zip Code
Centerville	VA	20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93854

Amount of Each Receipt this Period

65.27

Full Name (Last, First, Middle Initial)

C. HOLLY Y. OLSON

Mailing Address 15443 Martins Hundred Drive

City	State	Zip Code
Centerville	VA	20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96142

Amount of Each Receipt this Period

65.27

SUBTOTAL of Receipts This Page (optional)..... ►

170.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 664 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY C. OPENLANDER

Mailing Address 466 Prospect

City

State

Zip Code

Muir

MI

48860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME MI CN 25

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97068

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. MARY C. OPENLANDER

Mailing Address 466 Prospect

City

State

Zip Code

Muir

MI

48860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME MI CN 25

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.97103

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. MARY C. OPENLANDER

Mailing Address 466 Prospect

City

State

Zip Code

Muir

MI

48860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME MI CN 25

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97144

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 665 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WILLIAM D. ORNER

Mailing Address 1991 Market Street Ext.

City	State	Zip Code
Middleton	PA	17057

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97464

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SUSAN ORRIS

Mailing Address 536 Second Street

City	State	Zip Code
Steelton	PA	17113

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94093

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

C. MICHAEL ORTIZ

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSC;ME WA CN 28/WA COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97788

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

111.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 666 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL ORTIZ

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSC;ME WA CN 28/WA COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.97786

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MICHAEL ORTIZ

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSC;ME WA CN 28/WA COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.97787

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ROSALBA ORTIZ

Mailing Address 2201 Broadway Street

City Oakland State CA Zip Code 94612

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.97937

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.00

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NATHAN L. OSBON

Mailing Address 2517 276th Avenue
Apt. 6

City	State	Zip Code
Montrose	IA	52639

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96498

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. NATHAN L. OSBON

Mailing Address 2517 276th Avenue
Apt. 6

City	State	Zip Code
Montrose	IA	52639

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96628

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. MARY E. OSBORN

Mailing Address 1823 25th Avenue N.

City	State	Zip Code
Minneapolis	MN	55411

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.96750

Amount of Each Receipt this Period

22.30

SUBTOTAL of Receipts This Page (optional)..... ►

52.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 669 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PETER S. OSHIRO Full Name (Last, First, Middle Initial) Mailing Address 95-1076 Pikokea Street City Mililani Town State HI Zip Code 96789 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10 / 01 / 2015 </div> Transaction ID : SA11AI.97373 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 42.00 </div>
B. CURT A. OSTRANDER Full Name (Last, First, Middle Initial) Mailing Address 20 First Tavern Road City Jaffrey State NH Zip Code 03452-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REPRESENTATIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 953.80			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10 / 15 / 2015 </div> Transaction ID : SA11AI.93855 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 50.20 </div>
C. CURT A. OSTRANDER Full Name (Last, First, Middle Initial) Mailing Address 20 First Tavern Road City Jaffrey State NH Zip Code 03452-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REPRESENTATIV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1004.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.96143 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 50.20 </div>
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 142.40 </div>
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 670 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LISA R. OSWALD

Mailing Address 490 Marion Cardington Road E

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95160

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. LISA R. OSWALD

Mailing Address 490 Marion Cardington Road E

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95503

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. GERALD OTTEN

Mailing Address 2905 Evergreen Way

City	State	Zip Code
Ellicott City	MD	21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, BENEFITS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93856

Amount of Each Receipt this Period

47.33

SUBTOTAL of Receipts This Page (optional)..... ►

67.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 671 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD OTTEN

Mailing Address 2905 Evergreen Way

City	State	Zip Code
Ellicott City	MD	21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, BENEFITS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96144

Amount of Each Receipt this Period

47.33

Full Name (Last, First, Middle Initial)

B. LINDA K. OTTO

Mailing Address E 3717 County Road P

City	State	Zip Code
Menomonie	WI	54751

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/LOCAL 727

Occupation

SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94206

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JENNETT L. OUSLEY

Mailing Address 1396 Scenic Road

City	State	Zip Code
Vinton	OH	45686

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95161

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

82.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 672 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNETT L. OUSLEY Full Name (Last, First, Middle Initial) Mailing Address 1396 Scenic Road City Vinton State OH Zip Code 45686 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95504 Amount of Each Receipt this Period 10.00
B. ROBERT W. OVERTURF Full Name (Last, First, Middle Initial) Mailing Address 1318 E. Rockwell Avenue City Spokane State WA Zip Code 99207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95761 Amount of Each Receipt this Period 20.00
C. ROBERT W. OVERTURF Full Name (Last, First, Middle Initial) Mailing Address 1318 E. Rockwell Avenue City Spokane State WA Zip Code 99207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 381.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95935 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶		50.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 673 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES C. OWEN

Mailing Address 54 Grant Avenue

City

Medford

State

MA

Zip Code

02155-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	7		2	0	1	5		

Transaction ID : SA11AI.94277

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. WILLIAM G. OWENS JR.

Mailing Address 823 Ridgeview Drive

City

Bellefontaine

State

OH

Zip Code

43311

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95162

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. WILLIAM G. OWENS JR.

Mailing Address 823 Ridgeview Drive

City

Bellefontaine

State

OH

Zip Code

43311

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95505

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 674 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM M. PADISAK Jr. Full Name (Last, First, Middle Initial) Mailing Address 4886 Pine Trace Drive City Austintown State OH Zip Code 44515 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 747.20		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96856 Amount of Each Receipt this Period 34.86
B. WILLIAM M. PADISAK Jr. Full Name (Last, First, Middle Initial) Mailing Address 4886 Pine Trace Drive City Austintown State OH Zip Code 44515 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 782.06		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96992 Amount of Each Receipt this Period 34.86
C. MWANA D. PARHAM Full Name (Last, First, Middle Initial) Mailing Address 4839 Betsy Drive City Columbus State OH Zip Code 43227 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT COMP. CORD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95163 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		79.72
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 675 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MWANA D. PARHAM

Mailing Address 4839 Betsy Drive

City	State	Zip Code
Columbus	OH	43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT COMP. CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95506

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KOREN PARKER

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94094

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

C. RHONDA L. PARM-LOVETTMailing Address 553 Wilcox Road
Apt. B

City	State	Zip Code
Youngstown	OH	44515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

WORKERS COMP CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95164

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

56.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 676 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RHONDA L. PARM-LOVETT Full Name (Last, First, Middle Initial) Mailing Address 553 Wilcox Road Apt. B City Youngstown State OH Zip Code 44515 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS CORD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95507 Amount of Each Receipt this Period 10.00
B. KENNETH W. PARONTO Full Name (Last, First, Middle Initial) Mailing Address 837 South American Road City Corinth State VT Zip Code 05039-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME VT CN 93/LOCAL 4802 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.70		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97753 Amount of Each Receipt this Period 19.66
C. KEITH PARSONS Full Name (Last, First, Middle Initial) Mailing Address 7564 Cindell Street SE City Canton State OH Zip Code 44730 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.33		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97189 Amount of Each Receipt this Period 9.62
SUBTOTAL of Receipts This Page (optional)..... ▶		39.28
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 677 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KEITH PARSONS

Mailing Address 7564 Cindell Street SE

City	State	Zip Code
Canton	OH	44730

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CANTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

Transaction ID : SA11AI.97190

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. KEITH PARSONS

Mailing Address 7564 Cindell Street SE

City	State	Zip Code
Canton	OH	44730

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CANTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97277

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. DANIEL PASSMORE

Mailing Address 434 Anderson Street

City	State	Zip Code
Curwensville	PA	16833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97466

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

54.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 678 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES B. PATTERSON Full Name (Last, First, Middle Initial) Mailing Address 630 Fountain Street City Marion State OH Zip Code 43302 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95165 Amount of Each Receipt this Period 10.00
B. JAMES B. PATTERSON Full Name (Last, First, Middle Initial) Mailing Address 630 Fountain Street City Marion State OH Zip Code 43302 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95508 Amount of Each Receipt this Period 10.00
C. MARIA E. PATTERSON Full Name (Last, First, Middle Initial) Mailing Address 1620 E Broad Street Apt. 408 City Columbus State OH Zip Code 43203 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DISABILITY CLAIMS CORD. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95166 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		30.00
TOTAL This Period (last page this line number only)..... ▶		

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 681 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFFREY A. PAULSON Full Name (Last, First, Middle Initial) Mailing Address 26043 State Highway 43 City Rusford State MN Zip Code 55971 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.78			Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2015 Transaction ID : SA11AI.98020 Amount of Each Receipt this Period 35.00
B. JEFFREY A. PAULSON Full Name (Last, First, Middle Initial) Mailing Address 26043 State Highway 43 City Rusford State MN Zip Code 55971 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 241.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.96751 Amount of Each Receipt this Period 19.24
C. BARRY PEARCE Full Name (Last, First, Middle Initial) Mailing Address 130 N. Wilson Street City Bellefonte State PA Zip Code 16823 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.46			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94095 Amount of Each Receipt this Period 76.12
SUBTOTAL of Receipts This Page (optional)..... ▶			130.36
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 682 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARIA F PEDERSEN

Mailing Address 6607 Clearbrook Drive SE

City	State	Zip Code
Lacey	WA	98503

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95764

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MARIA F PEDERSEN

Mailing Address 6607 Clearbrook Drive SE

City	State	Zip Code
Lacey	WA	98503

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95939

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. LOUISA PEDRAZA

Mailing Address 3903 N. 16TH ST

City	State	Zip Code
Phoenix	AZ	85016

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME AZ LOC 2960

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97569

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 683 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GLORIA ANN PEGUES

Mailing Address 1223 Carolwood Avenue

City State Zip Code
Columbus OH 43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 02 / 2015

Transaction ID : SA11AI.94826

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. GLORIA ANN PEGUES

Mailing Address 1223 Carolwood Avenue

City State Zip Code
Columbus OH 43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

10 / 16 / 2015

Transaction ID : SA11AI.95167

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. GLORIA ANN PEGUES

Mailing Address 1223 Carolwood Avenue

City State Zip Code
Columbus OH 43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.95510

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 684 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHEN R. PELFREY Full Name (Last, First, Middle Initial) Mailing Address 4211 Wabash Drive City Springfield State OH Zip Code 45503 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95511 Amount of Each Receipt this Period 10.00
B. WILLIE L. PELOTE Full Name (Last, First, Middle Initial) Mailing Address 351 Ross Way City Sacramento State CA Zip Code 95864 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 694.86			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.93705 Amount of Each Receipt this Period 36.84
C. JOANNE M. PELS Full Name (Last, First, Middle Initial) Mailing Address 6987 County 38 NW City Walker State MN Zip Code 56484 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 893.80			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96752 Amount of Each Receipt this Period 83.38
SUBTOTAL of Receipts This Page (optional)..... ▶			130.22
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 685 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERTA PERIGO

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95765

Amount of Each Receipt this Period

15.50

Full Name (Last, First, Middle Initial)

B. ROBERTA PERIGO

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95940

Amount of Each Receipt this Period

15.50

Full Name (Last, First, Middle Initial)

C. PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City	State	Zip Code
White Plains	MD	20695

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93857

Amount of Each Receipt this Period

36.96

SUBTOTAL of Receipts This Page (optional)..... ▶

67.96

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. PAMELA PERILLO</p> <p>Mailing Address 9270 Billingsley Road</p> <p>City State Zip Code White Plains MD 20695</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 739.20</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 30 2015</p> <p>Transaction ID : SA11AI.96145</p> <p>Amount of Each Receipt this Period 36.96</p>	
<p>Full Name (Last, First, Middle Initial) B. STEPHEN F. PERKINS</p> <p>Mailing Address 6901 Los Volcano Road #0103</p> <p>City State Zip Code Albuquerque NM 87121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME NM CN 18/BERNALILLO STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 523.18</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 01 2015</p> <p>Transaction ID : SA11AI.97595</p> <p>Amount of Each Receipt this Period 26.22</p>	
<p>Full Name (Last, First, Middle Initial) C. STEPHEN F. PERKINS</p> <p>Mailing Address 6901 Los Volcano Road #0103</p> <p>City State Zip Code Albuquerque NM 87121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME NM CN 18/BERNALILLO STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 549.40</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 16 2015</p> <p>Transaction ID : SA11AI.97596</p> <p>Amount of Each Receipt this Period 26.22</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			89.40	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

✗	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Aggregate Year-to-Date ▼

Year	Sales
2017	450.00
2018	575.62

Aggregate Year-to-Date ▼

Month	Year-to-Date Sales
Jan	100
Feb	150
Mar	200
Apr	250
May	300
Jun	350
Jul	400
Aug	450
Sep	500
Oct	550
Nov	600
Dec	650

Aggregate Year-to-Date ▼

1140.00

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 688 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

943.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93858

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

B. ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

993.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96146

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

C. SHARYN A. PERRY

Mailing Address 1274 Berkeley Road

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95169

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 689 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHARYN A. PERRY

Mailing Address 1274 Berkeley Road

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11Al.95512

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. MICHAEL D. PERSON

Mailing Address 1909 Scott Valley Drive

City

Columbus

State

OH

Zip Code

43223

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11Al.95170

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHAEL D. PERSON

Mailing Address 1909 Scott Valley Drive

City

Columbus

State

OH

Zip Code

43223

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11Al.95513

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 690 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NICHOLAS A. PETEFISH

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.96301

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. NICHOLAS A. PETEFISH

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.96631

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. BOBBIE L. PETERS

Mailing Address 14999 Wheeler Road

City

Lagrange

State

OH

Zip Code

44050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94829

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)..... ►

43.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 691 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BOBBIE L. PETERS

Mailing Address 14999 Wheeler Road

City

Lagrange

State

OH

Zip Code

44050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95171

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

B. BOBBIE L. PETERS

Mailing Address 14999 Wheeler Road

City

Lagrange

State

OH

Zip Code

44050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95514

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

C. IVA J. PETERS

Mailing Address 1939 Salem School Road

City

Pineyville

State

KY

Zip Code

40162

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1642.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93859

Amount of Each Receipt this Period

86.58

SUBTOTAL of Receipts This Page (optional)..... ▶

132.58

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. IVA J. PETERS

Mailing Address 1939 Salem School Road

City	State	Zip Code
Pineyville	KY	40162

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96147

Amount of Each Receipt this Period

86.58

Full Name (Last, First, Middle Initial)

B. DARLA R. PETERSON

Mailing Address P.O. Box 412

City	State	Zip Code
Belfair	WA	98528

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95941

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

C. KOLBY PETERSON

Mailing Address 9417 Braymore Circle

City	State	Zip Code
Fairfax Station	VA	22039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLLING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93860

Amount of Each Receipt this Period

50.48

SUBTOTAL of Receipts This Page (optional)..... ►

147.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KOLBY PETERSON

Mailing Address 9417 Braymore Circle

City

State

Zip Code

Fairfax Station

VA

22039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME INT'L

ASSISTANT DIRECTOR, POLLING

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1009.60

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96148

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

B. RONNIE D. PETERSON

Mailing Address 1146 Rue Willette Blvd.

City

State

Zip Code

Ypsilanti

MI

48196

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME INT'L

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2861.59

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93861

Amount of Each Receipt this Period

150.61

Full Name (Last, First, Middle Initial)

C. RONNIE D. PETERSON

Mailing Address 1146 Rue Willette Blvd.

City

State

Zip Code

Ypsilanti

MI

48196

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AFSCME INT'L

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3012.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96149

Amount of Each Receipt this Period

150.61

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

351.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 694 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JESSICA T. PETTAWAY Full Name (Last, First, Middle Initial) Mailing Address 4321 Shawn Terrace City Toledo State OH Zip Code 43615 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/CITY OF TOLEDO Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.81			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 22 / 2015 </div> Transaction ID : SA11AI.97192 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 9.61 </div>	
B. JESSICA T. PETTAWAY Full Name (Last, First, Middle Initial) Mailing Address 4321 Shawn Terrace City Toledo State OH Zip Code 43615 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/CITY OF TOLEDO Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.42			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.97278 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 9.61 </div>	
C. RICHARD L. PETTIT Full Name (Last, First, Middle Initial) Mailing Address 1957 Coppermine Road City Buchanan State GA Zip Code 30113 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1363.06			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 15 / 2015 </div> Transaction ID : SA11AI.93862 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 49.74 </div>	
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 68.96 </div>	
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> </div>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 695 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RICHARD L. PETTIT

Mailing Address 1957 Coppermine Road

City

Buchanan

State

GA

Zip Code

30113

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1434.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96150

Amount of Each Receipt this Period

71.74

Full Name (Last, First, Middle Initial)

B. GREGORY L. PHELPS

Mailing Address 1609 Rose Place

City

Cincinnati

State

OH

Zip Code

45237

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MAINTENANCE REPAIR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94830

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. GREGORY L. PHELPS

Mailing Address 1609 Rose Place

City

Cincinnati

State

OH

Zip Code

45237

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MAINTENANCE REPAIR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95172

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

99.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 696 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREGORY L. PHELPS

Mailing Address 1609 Rose Place

City	State	Zip Code
Cincinnati	OH	45237

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MAINTENANCE REPAIR TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95515

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. BRYAN T. PHENICIE

Mailing Address 684 Niles Road

City	State	Zip Code
Franklin	PA	16323

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97468

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JEFFERY MAX M. PHIPPS

Mailing Address 5403 75th Street NE

City	State	Zip Code
Marysville	WA	98270

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97791

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

94.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEFFERY MAX M. PHIPPS

Mailing Address 5403 75th Street NE

City

Marysville

State

WA

Zip Code

98270

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				09			2015					

Transaction ID : SA11AI.97789

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JEFFERY MAX M. PHIPPS

Mailing Address 5403 75th Street NE

City

Marysville

State

WA

Zip Code

98270

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				26			2015					

Transaction ID : SA11AI.97790

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. FRANK PICCIOLI

Mailing Address 3909 N 16th Street

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME AZ LOC 2960

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				08			2015					

Transaction ID : SA11AI.97794

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 698 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVAN P. PICKARD

Mailing Address 3325 Capricio Street, NE

City

State

Zip Code

Canton

OH

44721-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

654.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.97279

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

B. MICHAEL PIEPSNEY

Mailing Address 14300 Old Pleasant Road

City

State

Zip Code

Middleburg

OH

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

262.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.97280

Amount of Each Receipt this Period

52.42

Full Name (Last, First, Middle Initial)

C. DONA PIERCEYMailing Address 1212 Jefferson St., SE
Suite 300

City

State

Zip Code

Olympia

WA

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95942

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

128.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBBIE K. PIETSCH

Mailing Address 445 N. Roosevelt

City

Cherokee

State

IA

Zip Code

51012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.96407

Amount of Each Receipt this Period

10.40

Full Name (Last, First, Middle Initial)

B. DEBBIE K. PIETSCH

Mailing Address 445 N. Roosevelt

City

Cherokee

State

IA

Zip Code

51012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.40

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.96499

Amount of Each Receipt this Period

10.40

Full Name (Last, First, Middle Initial)

C. DEBBIE K. PIETSCH

Mailing Address 445 N. Roosevelt

City

Cherokee

State

IA

Zip Code

51012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.96633

Amount of Each Receipt this Period

10.40

SUBTOTAL of Receipts This Page (optional)..... ►

31.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 700 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHERINE PINE

Mailing Address 2530 26th Avenue

City

Marion

State

IA

Zip Code

52302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96408

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. KATHERINE PINE

Mailing Address 2530 26th Avenue

City

Marion

State

IA

Zip Code

52302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96500

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. KATHERINE PINE

Mailing Address 2530 26th Avenue

City

Marion

State

IA

Zip Code

52302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96634

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

31.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 701 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KANDY PIPER

Mailing Address 2201 Broadway Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97938

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

B. BRET L. PITTS

Mailing Address P.O. Box 4443

City	State	Zip Code
Sidney	OH	45365

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECH II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94831

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

C. BRET L. PITTS

Mailing Address P.O. Box 4443

City	State	Zip Code
Sidney	OH	45365

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECH II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95173

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 702 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRET L. PITTS

Mailing Address P.O. Box 4443

City

Sidney

State

OH

Zip Code

45365

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECH II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95516

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

B. RENEE POFF

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94096

Amount of Each Receipt this Period

40.48

Full Name (Last, First, Middle Initial)

C. STEVE POINTECMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95768

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

83.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 703 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVE POINTECMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95943

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City	State	Zip Code
Laurel	MD	20708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1198.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93863

Amount of Each Receipt this Period

63.08

Full Name (Last, First, Middle Initial)

C. NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City	State	Zip Code
Laurel	MD	20708

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96151

Amount of Each Receipt this Period

63.08

SUBTOTAL of Receipts This Page (optional)..... ►

146.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 704 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHANNON C. POOLE

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95944

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. MARY L. PORTER

Mailing Address 9800 Bellefontaine Road

City

St. Louis

State

MO

Zip Code

63137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

711.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93864

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

C. MARY L. PORTER

Mailing Address 9800 Bellefontaine Road

City

St. Louis

State

MO

Zip Code

63137

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

749.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96152

Amount of Each Receipt this Period

38.48

SUBTOTAL of Receipts This Page (optional)..... ►

87.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 705 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BARBARA POST-ALTHAUS

Mailing Address 1510 Thompson Avenue

City

Des Moines

State

IA

Zip Code

50316

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/POLK CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96302

Amount of Each Receipt this Period

13.33

Full Name (Last, First, Middle Initial)

B. BARBARA POST-ALTHAUS

Mailing Address 1510 Thompson Avenue

City

Des Moines

State

IA

Zip Code

50316

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/POLK CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.96635

Amount of Each Receipt this Period

13.33

Full Name (Last, First, Middle Initial)

C. EDWARD POTTS

Mailing Address 240 Bentz Mill Road

City

Wellsville

State

PA

Zip Code

17365

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94098

Amount of Each Receipt this Period

76.12

SUBTOTAL of Receipts This Page (optional)..... ►

102.78

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 706 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREGORY A. POWELL

Mailing Address 1300 Abbey Road

City

Round Rock

State

TX

Zip Code

78681

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93865

Amount of Each Receipt this Period

48.24

Full Name (Last, First, Middle Initial)

B. GREGORY A. POWELL

Mailing Address 1300 Abbey Road

City

Round Rock

State

TX

Zip Code

78681

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

964.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96153

Amount of Each Receipt this Period

48.24

Full Name (Last, First, Middle Initial)

C. REBECCA POWELL

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95770

Amount of Each Receipt this Period

32.50

SUBTOTAL of Receipts This Page (optional)..... ►

128.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 707 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REBECCA POWELL

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95945

Amount of Each Receipt this Period

32.50

Full Name (Last, First, Middle Initial)

B. STEVE PREBLE

Mailing Address P.O. Box 204

City	State	Zip Code
Colerain	MN	55722

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1221.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97651

Amount of Each Receipt this Period

97.92

Full Name (Last, First, Middle Initial)

C. STEVE PREBLE

Mailing Address P.O. Box 204

City	State	Zip Code
Colerain	MN	55722

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96229

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

144.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 708 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEREMY L. PRESLEY

Mailing Address 127 1/2 S Main Street

City

London

State

OH

Zip Code

43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11Al.95174

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JEREMY L. PRESLEY

Mailing Address 127 1/2 S Main Street

City

London

State

OH

Zip Code

43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11Al.95517

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. HELEN PRESSLEY

Mailing Address P.O. Box 7606

City

Olympia

State

WA

Zip Code

98507

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11Al.95771

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

41.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 709 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HELEN PRESSLEY

Mailing Address P.O. Box 7606

City

Olympia

State

WA

Zip Code

98507

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95946

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. NEIL J. PRESTON

Mailing Address 845 Stinson Court

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CLAIMS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94833

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. NEIL J. PRESTON

Mailing Address 845 Stinson Court

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CLAIMS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95175

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 710 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NEIL J. PRESTON

Mailing Address 845 Stinson Court

City	State	Zip Code
Columbus	OH	43214

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CLAIMS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.95518

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. SHIRLEY D. PRESTON

Mailing Address 2832 Scottwood Avenue

City	State	Zip Code
Toledo	OH	43610

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11Al.95176

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SHIRLEY D. PRESTON

Mailing Address 2832 Scottwood Avenue

City	State	Zip Code
Toledo	OH	43610

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.95519

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

32.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JEFFREY W. PRICE			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2015</div> </div>	
Mailing Address 1442 110th Street			Transaction ID : SA11AI.96636	
City Bloomfield	State IA	Zip Code 52537	Amount of Each Receipt this Period <div> <div>208.2</div> <div>208.2</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IA CN 61/DOCS		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>208.20</div> <div>208.20</div> </div>		

Full Name (Last, First, Middle Initial) B. ROBYN PRICE			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 01 / 2015</div> </div>	
Mailing Address 1034 N. Washington Avenue			Transaction ID : SA11AI.97069	
City Lansing	State MI	Zip Code 48906	Amount of Each Receipt this Period <div> <div>25.00</div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>425.00</div> <div>425.00</div> </div>		

Full Name (Last, First, Middle Initial) C. ROBYN PRICE			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 08 / 2015</div> </div>	
Mailing Address 1034 N. Washington Avenue			Transaction ID : SA11AI.97104	
City Lansing	State MI	Zip Code 48906	Amount of Each Receipt this Period <div> <div>25.00</div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> <div>450.00</div> </div>		

SUBTOTAL of Receipts This Page (optional)..... ▶	<div> <div>70.82</div> <div>70.82</div> </div>
TOTAL This Period (last page this line number only)..... ▶	<div> <div></div> <div></div> </div>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 712 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBYN PRICE

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97145

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL E. PRIEST

Mailing Address 8968 Larimer Drive

City	State	Zip Code
Sturgeon Lake	MN	55783

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96753

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ERWIN D. PRIM

Mailing Address 729 1/2 Fourth Street

City	State	Zip Code
Marietta	OH	45750

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MARIETTA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96898

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

65.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 713 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERWIN D. PRIM

Mailing Address 729 1/2 Fourth Street

City

Marietta

State

OH

Zip Code

45750

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MARIETTA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	2		2	0	1	5		

Transaction ID : SA11AI.96994

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

B. AMANDA M. PRINCE

Mailing Address 4894 Birchview Drive

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SA11AI.96754

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. FRANK PROCHASKA

Mailing Address P.O. Box 1484

City

Springfield

State

IL

Zip Code

62705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	1		2	0	1	5		

Transaction ID : SA11AI.97717

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

106.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 714 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALYSON PROUTY

Mailing Address 4651 Vibert Road

City

Saginaw

State

MN

Zip Code

55779

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.96755

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. MARIE A. PRUITT-GARNER

Mailing Address 7302 Clement Avenue

City

Cleveland

State

OH

Zip Code

44105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.94835

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. MARIE A. PRUITT-GARNER

Mailing Address 7302 Clement Avenue

City

Cleveland

State

OH

Zip Code

44105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95177

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

54.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARIE A. PRUITT-GARNER

Mailing Address 7302 Clement Avenue

City	State	Zip Code
Cleveland	OH	44105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95520

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. DEVORRUS PRYORMailing Address 514 Shatto Place
3rd Floor

City	State	Zip Code
Los Angeles	CA	90020

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 36/LOCAL 685

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94156

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. THOMAS PUGLIESE

Mailing Address 1401 JF Kennedy Blvd.

City	State	Zip Code
Philadelphia	PA	19102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 47/CITY OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.97771

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

121.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 716 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THOMAS PUGLIESE

Mailing Address 1401 JF Kennedy Blvd.

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 47/CITY OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : SA11AI.97772

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. IRENE L. PUUOHU

Mailing Address 94-1149 Kaloli Loop

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97375

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DIANA QUESADA

Mailing Address 334 Marguerite Street

City

Elgin

State

IL

Zip Code

60123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

OFFICE ASSOCIATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

204.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		21		2015

Transaction ID : SA11AI.97703

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 717 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SARAH QUINNMailing Address 370 S Highland
#15

City	State	Zip Code
Pittsburgh	PA	15206

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 2719

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94101

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. PAUL S. RADMAKER

Mailing Address 408 South 9th Street

City	State	Zip Code
Estherville	IA	51334

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.96637

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

C. DAVID RAINES

Mailing Address PO Box 126

City	State	Zip Code
Bucoda	WA	98530

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95948

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

51.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City	State	Zip Code
Middleburg Hts	OH	44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96857

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City	State	Zip Code
Middleburg Hts	OH	44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96995

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. KELLY RAMMELL

Mailing Address 420 S Sugar Street

City	State	Zip Code
Saint Louisvile	OH	43071

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95178

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 719 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KELLY RAMMELL

Mailing Address 420 S Sugar Street

City

Saint Louisville

State

OH

Zip Code

43071

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CLERK III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95521

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. HECTOR RAMOS

Mailing Address 1001 Anclote Drive

City

Tarpons Springs

State

FL

Zip Code

34689

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME FL CN 79

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97628

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. OSCAR A. RAMOS

Mailing Address 1290 23rd Street NE

City

Salem

State

OR

Zip Code

97301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

MENTAL HEALTH REGISTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97556

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHAWNTAE R. RANA

Mailing Address 1353 Talcott Place

City

Decatur

State

GA

Zip Code

30033

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93866

Amount of Each Receipt this Period

22.48

Full Name (Last, First, Middle Initial)

B. SHAWNTAE R. RANA

Mailing Address 1353 Talcott Place

City

Decatur

State

GA

Zip Code

30033

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96154

Amount of Each Receipt this Period

22.48

Full Name (Last, First, Middle Initial)

C. SHARON L. RAND

Mailing Address 3320 Plank Road

City

New Castle

State

PA

Zip Code

16105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97469

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

84.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 721 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN RANDOLPH

Mailing Address 323 60th Street SE

City	State	Zip Code
Everett	WA	98203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95773

Amount of Each Receipt this Period

13.50

Full Name (Last, First, Middle Initial)

B. JOHN RANDOLPH

Mailing Address 323 60th Street SE

City	State	Zip Code
Everett	WA	98203

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95949

Amount of Each Receipt this Period

13.50

Full Name (Last, First, Middle Initial)

C. JONI C. RANG

Mailing Address 5948 Whiteford Road

City	State	Zip Code
Sylvania	OH	43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYLVANIA SCHOOLS

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96996

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

36.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 722 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MAUREEN E. RANUM

Mailing Address 8758 Luoma Lane

City	State	Zip Code
Iron	MN	55751

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/ST. LOUIS CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96756

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DONNA R. RAPP

Mailing Address 2414 Cosmos Drive

City	State	Zip Code
Loveland	OH	45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MASON CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96900

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. DONNA R. RAPP

Mailing Address 2414 Cosmos Drive

City	State	Zip Code
Loveland	OH	45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MASON CITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96997

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

29.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 723 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SAALIM RASHIYD

Mailing Address 5900 Pulaski Avenue

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 33/CITY OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2015					

Transaction ID : SA11AI.97781

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ERIK RAU

Mailing Address 721 5th Avenue SW

City

Albany

State

OR

Zip Code

97321

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.97557

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHAEL D. RAUSCHER

Mailing Address 2135 Cotter Road

City

Mansfield

State

OH

Zip Code

44903

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/ASHLAND

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.96901

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

44.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 724 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL D. RAUSCHER Full Name (Last, First, Middle Initial) Mailing Address 2135 Cotter Road City Mansfield State OH Zip Code 44903 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/ASHLAND Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.96998 Amount of Each Receipt this Period 9.62
B. ZOLLIE RAYNER Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 51 City Albion State PA Zip Code 16401 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 770.46			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94102 Amount of Each Receipt this Period 76.12
C. DENISE REED Full Name (Last, First, Middle Initial) Mailing Address 1394 Brookforest Drive City Columbus State OH Zip Code 43204 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation EDUCATION SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94837 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)..... ▶			100.74
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 725 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENISE REED

Mailing Address 1394 Brookforest Drive

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EDUCATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95179

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DENISE REED

Mailing Address 1394 Brookforest Drive

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EDUCATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95522

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. HARRISON REED

Mailing Address 2737 Yellowoak Place

City	State	Zip Code
Hilliard	OH	43026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97281

Amount of Each Receipt this Period

37.18

SUBTOTAL of Receipts This Page (optional)..... ►

67.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 726 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RICKY E. REED

Mailing Address 9733 Linwood Road

City

La Rue

State

OH

Zip Code

43332

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95180

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RICKY E. REED

Mailing Address 9733 Linwood Road

City

La Rue

State

OH

Zip Code

43332

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95523

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT W. REED

Mailing Address 100 Lauren Court

City

Winter

State

CA

Zip Code

95694

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 57/SAN MATEO CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97873

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 727 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVEN C. REEVES Full Name (Last, First, Middle Initial) Mailing Address 2566 Stillwater Road City State Zip Code Maplewood Road MN 55119 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME MN CN 5/RAMSEY COUNTY MAINTENANCE WORKER I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.96757 Amount of Each Receipt this Period 400.00
B. NICOLE R. REFFITT Full Name (Last, First, Middle Initial) Mailing Address 35395 Ponetown Road City State Zip Code Ray OH 45672 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95181 Amount of Each Receipt this Period 10.00
C. NICOLE R. REFFITT Full Name (Last, First, Middle Initial) Mailing Address 35395 Ponetown Road City State Zip Code Ray OH 45672 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95524 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			60.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICK D. REGAN

Mailing Address 1730 37th Avenue NE

City
MinneapolisState Zip Code
MN 55421FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME MN CN 5/HENNEPIN COUNTYOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96758

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. TAMI L. REHKLAU

Mailing Address P.O. Box 221

City
SylvaniaState Zip Code
OH 43560FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 4/SYLVANIA SCHOOLSOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96999

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. LAURA REYES

Mailing Address 3440 Joan Court

City
Falls ChurchState Zip Code
VA 20042FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation
SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2941.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93867

Amount of Each Receipt this Period

163.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

203.03

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 729 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAURA REYES

Mailing Address 3440 Joan Court

City

Falls Church

State

VA

Zip Code

20042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3104.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.96155

Amount of Each Receipt this Period

163.41

Full Name (Last, First, Middle Initial)

B. VICTOR REYES

Mailing Address P.O. Box 4844

City

Antioch

State

CA

Zip Code

94531

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 57/EAST BAY PARKS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	2		2	0	1	5		

Transaction ID : SA11AI.97869

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ANITA REYNA

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.95774

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

197.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 730 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANITA REYNA

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95950

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. STEPHANIE L. REYNOLDS

Mailing Address 2716 Garbett Street

City	State	Zip Code
McKeesport	PA	15132

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97470

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. NATHAN A. RHAM

Mailing Address 315 South Park

City	State	Zip Code
Springfield	MN	56087

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97805

Amount of Each Receipt this Period

16.70

SUBTOTAL of Receipts This Page (optional)..... ►

50.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 731 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HARRY RHODES

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

719.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94103

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

B. TERRY A. RHODES

Mailing Address 10907 Lower Twin Raod

City

South Salem

State

OH

Zip Code

45681

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/BEXLEY CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97000

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. TIFFANY A. RICCI

Mailing Address 1514 Hamilton Street NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COMMUNICATIONS MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

852.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.93868

Amount of Each Receipt this Period

53.28

SUBTOTAL of Receipts This Page (optional)..... ►

139.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 732 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIFFANY A. RICCI Full Name (Last, First, Middle Initial) Mailing Address 1514 Hamilton Street NW City Washington State DC Zip Code 20011 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation FIELD COMMUNICATIONS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 905.76			Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.96156 Amount of Each Receipt this Period 53.28
B. CATHY E. RICE Full Name (Last, First, Middle Initial) Mailing Address 703 S Main Street City Baltimore State OH Zip Code 43105 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation NETWORK SERVICES TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95182 Amount of Each Receipt this Period 10.00
C. CATHY E. RICE Full Name (Last, First, Middle Initial) Mailing Address 703 S Main Street City Baltimore State OH Zip Code 43105 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation NETWORK SERVICES TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95525 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			73.28
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 733 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEEARNEST RICE

Mailing Address 2758 England Avenue

City State Zip Code
Dayton OH 45406

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94841

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. DEEARNEST RICE

Mailing Address 2758 England Avenue

City State Zip Code
Dayton OH 45406

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95183

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. DEEARNEST RICE

Mailing Address 2758 England Avenue

City State Zip Code
Dayton OH 45406

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95526

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 734 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LISA E. RICE

Mailing Address 1456 Greenmont Court

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

PROJECTS COORDINATOR, ORGNZG &FLD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93869

Amount of Each Receipt this Period

43.15

Full Name (Last, First, Middle Initial)

B. LISA E. RICE

Mailing Address 1456 Greenmont Court

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

PROJECTS COORDINATOR, ORGNZG &FLD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96157

Amount of Each Receipt this Period

43.15

Full Name (Last, First, Middle Initial)

C. COLLEN M. RICE-LOZENSKY

Mailing Address 4510 SW Austin Street

City	State	Zip Code
Seattle	WA	98136

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95951

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

96.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 735 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TONYIA M. RICHARDS</p> <p>Mailing Address 3434 Partridge Place Apt. 207</p> <p>City Columbus State OH Zip Code 43231</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLERK III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94842</p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) B. TONYIA M. RICHARDS</p> <p>Mailing Address 3434 Partridge Place Apt. 207</p> <p>City Columbus State OH Zip Code 43231</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLERK III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 315.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95184</p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) C. TONYIA M. RICHARDS</p> <p>Mailing Address 3434 Partridge Place Apt. 207</p> <p>City Columbus State OH Zip Code 43231</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLERK III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95527</p> <p>Amount of Each Receipt this Period 15.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		45.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 736 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES I. RICHARDSON

Mailing Address 200 Fernwood Avenue

City

Dayton

State

OH

Zip Code

45405

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11Al.95185

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JAMES I. RICHARDSON

Mailing Address 200 Fernwood Avenue

City

Dayton

State

OH

Zip Code

45405

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.95528

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. SHAWN E. RICHARDSON

Mailing Address 6688 Markwood Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11Al.94844

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 737 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHAWN E. RICHARDSON Full Name (Last, First, Middle Initial) Mailing Address 6688 Markwood Street City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">840.00</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y 10 / 16 / 2015 </div> Transaction ID : SA11AI.95186 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>	
B. SHAWN E. RICHARDSON Full Name (Last, First, Middle Initial) Mailing Address 6688 Markwood Street City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">880.00</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y 10 / 30 / 2015 </div> Transaction ID : SA11AI.95529 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>	
C. RON RICHMOND Full Name (Last, First, Middle Initial) Mailing Address 1424 North Pennsylvania Street City State Zip Code Indianapolis IN 46202 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME IN CN 962 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">303.38</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y 10 / 08 / 2015 </div> Transaction ID : SA11AI.97619 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">43.34</div>	
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">123.34</div>	
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 738 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City	State	Zip Code
Baltimore	MD	21209

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93871

Amount of Each Receipt this Period

37.70

Full Name (Last, First, Middle Initial)

B. ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City	State	Zip Code
Baltimore	MD	21209

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96159

Amount of Each Receipt this Period

37.70

Full Name (Last, First, Middle Initial)

C. MICHELLE RIDER

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1438.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94104

Amount of Each Receipt this Period

152.24

SUBTOTAL of Receipts This Page (optional)..... ▶

227.64

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRUCE RIDLEY

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95952

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. JOANNE M. RIED

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96409

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. JOANNE M. RIED

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96501

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

31.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 740 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOANNE M. RIED

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96638

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. CRYSTAL RILEY

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94106

Amount of Each Receipt this Period

36.98

Full Name (Last, First, Middle Initial)

C. LARRY ANTHONY RINCON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96410

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

62.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 741 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LARRY ANTHONY RINCON Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96502 Amount of Each Receipt this Period 15.00
B. LARRY ANTHONY RINCON Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96639 Amount of Each Receipt this Period 15.00
C. JOY L. RING Full Name (Last, First, Middle Initial) Mailing Address 1334 Haloa Drive City Honolulu State HI Zip Code 96818 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 860.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97376 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)..... ▶			130.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 742 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LONNIE RIPLEY

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.95777

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. LONNIE RIPLEY

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 26 / 2015

Transaction ID : SA11AI.95953

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. EVA RIPPETEAU

Mailing Address 7208 N Mowawk

City Portland State OR Zip Code 97203

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OR CN 75

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 30 / 2015

Transaction ID : SA11AI.97558

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

64.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 743 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TAMMY K. RISINGER

Mailing Address 362 Vernon Road

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11Al.95187

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. TAMMY K. RISINGER

Mailing Address 362 Vernon Road

City

Mansfield

State

OH

Zip Code

44905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11Al.95530

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ALLISON R. RITCHIE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11Al.96503

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 744 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALLISON R. RITCHIE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.96640

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. THOMAS J. RITCHIE Sr.

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1005.40

Date of Receipt

10 / 07 / 2015

Transaction ID : SA11AI.97282

Amount of Each Receipt this Period

100.94

Full Name (Last, First, Middle Initial)

C. THOMAS A. RIVERA

Mailing Address 388 Oaklyn Road

City

Lebanon

State

PA

Zip Code

17042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.20

Date of Receipt

10 / 08 / 2015

Transaction ID : SA11AI.94108

Amount of Each Receipt this Period

36.86

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JUDITH E. RIVLIN

Mailing Address 5203 Westport Road

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1328.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93872

Amount of Each Receipt this Period

70.15

Full Name (Last, First, Middle Initial)

B. JUDITH E. RIVLIN

Mailing Address 5203 Westport Road

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1399.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.96160

Amount of Each Receipt this Period

70.15

Full Name (Last, First, Middle Initial)

C. JOHN C. ROBERT

Mailing Address 15 Chaplin Place

City

Hartford

State

CT

Zip Code

06114-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4/STATE OF CT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.97697

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 746 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN C. ROBERT

Mailing Address 15 Chaplin Place

City

Hartford

State

CT

Zip Code

06114-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4/STATE OF CT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.97698

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DALE C. ROBERTS

Mailing Address P.O. Box 338

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95954

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DEANNA L. ROBERTS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96412

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 747 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEANNA L. ROBERTS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96504

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. DEANNA L. ROBERTS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96642

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. STEPHEN M. ROBERTS

Mailing Address 5661 Windsor Woods Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97283

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

60.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 748 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson Street SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95956 Amount of Each Receipt this Period 10.00
B. JESSICA R. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 7901 Chicago Avenue City Silver Spring State MD Zip Code 20910 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2397.23		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93873 Amount of Each Receipt this Period 126.17
C. JESSICA R. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 7901 Chicago Avenue City Silver Spring State MD Zip Code 20910 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2523.40		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96161 Amount of Each Receipt this Period 126.17
SUBTOTAL of Receipts This Page (optional)..... ▶		262.34
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 749 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARCIA N. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 5185 Old Columbus Road City Springfield State OH Zip Code 45502 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95188 Amount of Each Receipt this Period 10.00
B. MARCIA N. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 5185 Old Columbus Road City Springfield State OH Zip Code 45502 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95531 Amount of Each Receipt this Period 10.00
C. MICHAEL ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96413 Amount of Each Receipt this Period 10.41
SUBTOTAL of Receipts This Page (optional)..... ▶			30.41
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 750 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL ROBINSON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96505

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MICHAEL ROBINSON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96643

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. RHONDA ROBINSON

Mailing Address 3006 Ashton Row W

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95189

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 751 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RHONDA ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 3006 Ashton Row W City Grove City State OH Zip Code 43123 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95532 Amount of Each Receipt this Period 10.00
B. RUBY J. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 870 N. Trask Road City Aurora State IL Zip Code 60505 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31/LOCAL 2833 Occupation SPECIALIST III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 227.14		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.97705 Amount of Each Receipt this Period 50.00
C. TONY A. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 219 Thorn Locust Lane City London State OH Zip Code 43140 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95190 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		70.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 752 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TONY A. ROBINSON Full Name (Last, First, Middle Initial) Mailing Address 219 Thorn Locust Lane City London State OH Zip Code 43140 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.95533 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div>	
B. JOSEPHINE ROBLES Full Name (Last, First, Middle Initial) Mailing Address 13018 101st Lane NE Apt. 1 City Kirkland State WA Zip Code 98034 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/UNIV OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 26 / 2015 </div> Transaction ID : SA11AI.95957 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.50 </div>	
C. EDGAR G. ROCHA-ANDRADE Full Name (Last, First, Middle Initial) Mailing Address 2201 Broadway Street City Oakland State CA Zip Code 94612 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 3299/UNIV OF CA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 251.75			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 23 / 2015 </div> Transaction ID : SA11AI.97939 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 28.50 </div>	
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 49.00 </div>	
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

London

State

MI

Zip Code

48451

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2446.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.97070

Amount of Each Receipt this Period

106.88

Full Name (Last, First, Middle Initial)

B. LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

London

State

MI

Zip Code

48451

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2553.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.97105

Amount of Each Receipt this Period

106.88

Full Name (Last, First, Middle Initial)

C. LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

London

State

MI

Zip Code

48451

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2660.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.97146

Amount of Each Receipt this Period

106.88

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

Lindon

State

MI

Zip Code

48451

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2730.72

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96232

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. JOHN A ROSE

Mailing Address 589 Woodville Road

City

Mansfield

State

OH

Zip Code

44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95191

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOHN A ROSE

Mailing Address 589 Woodville Road

City

Mansfield

State

OH

Zip Code

44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95534

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 755 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREW ROSENBERGER

Mailing Address 719 6th Street

City

Monessen

State

PA

Zip Code

15062

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.97475

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. CYNTHIA ROSKOWIC

Mailing Address 210 Martin Luther King Jr Blvd.
Room 406

City

Madison

State

WI

Zip Code

53703

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 32/MADISON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.97709

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. JEANETTE I. ROSS

Mailing Address 3120 Adderbury Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.97001

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

85.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 756 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JODY R. ROSS

Mailing Address 939 Miami Street

City	State	Zip Code
Urbana	OH	43078

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95192

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JODY R. ROSS

Mailing Address 939 Miami Street

City	State	Zip Code
Urbana	OH	43078

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95535

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MATTHEW L. ROSS

Mailing Address P.O. Box 236

City	State	Zip Code
Vanlue	OH	45890

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94851

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

33.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 757 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATTHEW L. ROSS

Mailing Address P.O. Box 236

City

State

Zip Code

Vanlue

OH

45890

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95193

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. MATTHEW L. ROSS

Mailing Address P.O. Box 236

City

State

Zip Code

Vanlue

OH

45890

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95536

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. MICHAEL ROSS

Mailing Address P.O. Box 841

City

State

Zip Code

Mays Landing

NJ

08330-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 71/LOCAL 2303

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97600

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 758 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STEVEN ROTH

Mailing Address 6800 N. High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SA11AI.97284

Amount of Each Receipt this Period

88.82

Full Name (Last, First, Middle Initial)

B. CLINTON D. ROWE

Mailing Address 239 Concord Avenue

City

Mansfield

State

OH

Zip Code

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95194

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CLINTON D. ROWE

Mailing Address 239 Concord Avenue

City

Mansfield

State

OH

Zip Code

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95537

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

108.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 759 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN L. ROWE

Mailing Address 207 9th Avenue

City	State	Zip Code
Slater	IA	50244

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96414

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. SUSAN L. ROWE

Mailing Address 207 9th Avenue

City	State	Zip Code
Slater	IA	50244

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96506

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. SUSAN L. ROWE

Mailing Address 207 9th Avenue

City	State	Zip Code
Slater	IA	50244

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96644

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 760 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. COLLEEN RUDDY Full Name (Last, First, Middle Initial) Mailing Address 4301 Executive Park Drive City Harrisburg State PA Zip Code 17111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.75			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94109 Amount of Each Receipt this Period 25.75
B. JOSEPH P. RUGOLA Full Name (Last, First, Middle Initial) Mailing Address 6805 Oak Creek Drive City Columbus State OH Zip Code 43229 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2326.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96858 Amount of Each Receipt this Period 110.00
C. JOSEPH P. RUGOLA Full Name (Last, First, Middle Initial) Mailing Address 6805 Oak Creek Drive City Columbus State OH Zip Code 43229 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2436.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97002 Amount of Each Receipt this Period 110.00
SUBTOTAL of Receipts This Page (optional)..... ▶			245.75
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 761 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH P. RUGOLA

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96233

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. BLAINE J. RUMMELMailing Address 5 E. Glebe Road
Apt. D

City	State	Zip Code
Alexandria	VA	22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1258.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93874

Amount of Each Receipt this Period

66.46

Full Name (Last, First, Middle Initial)

C. BLAINE J. RUMMELMailing Address 5 E. Glebe Road
Apt. D

City	State	Zip Code
Alexandria	VA	22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96162

Amount of Each Receipt this Period

66.46

SUBTOTAL of Receipts This Page (optional)..... ►

146.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. VICKY S. RUPPERT</p> <p>Mailing Address 1016 W Main Street</p> <p>City Watertown State WI Zip Code 53098</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2015 Transaction ID : SA11AI.94305</p> <p>Amount of Each Receipt this Period 40.00</p>	
<p>Full Name (Last, First, Middle Initial) B. VICKY S. RUPPERT</p> <p>Mailing Address 1016 W Main Street</p> <p>City Watertown State WI Zip Code 53098</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 320.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.94306</p> <p>Amount of Each Receipt this Period 40.00</p>	
<p>Full Name (Last, First, Middle Initial) C. PAMELA S. RUSSELL</p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96415</p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			95.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 763 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAMELA S. RUSSELL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96507

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. PAMELA S. RUSSELL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96645

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. RHASHIDA RUSSELL

Mailing Address 1283 Dewolf Street

City

Des Moines

State

IA

Zip Code

50316

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/LOCAL 1212

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94182

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 764 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TURESSA RUSSELL Full Name (Last, First, Middle Initial) Mailing Address 3567 LEGENDARY DR City LAS VEGAS State NV Zip Code 89121 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NV LOC 4041 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.97586 Amount of Each Receipt this Period 15.00
B. TURESSA RUSSELL Full Name (Last, First, Middle Initial) Mailing Address 3567 LEGENDARY DR City LAS VEGAS State NV Zip Code 89121 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NV LOC 4041 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.97587 Amount of Each Receipt this Period 15.00
C. LAWRENCE RYAN Full Name (Last, First, Middle Initial) Mailing Address 300 Hardman Avenue South City South St. Paul State MN Zip Code 55075 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96759 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			50.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 765 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAREN S. RYTER

Mailing Address 4465 Landings Road

City

Groveport

State

OH

Zip Code

43125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95195

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. KAREN S. RYTER

Mailing Address 4465 Landings Road

City

Groveport

State

OH

Zip Code

43125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95538

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

543.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97071

Amount of Each Receipt this Period

32.43

SUBTOTAL of Receipts This Page (optional)..... ►

52.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 766 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

575.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97106

Amount of Each Receipt this Period

32.43

Full Name (Last, First, Middle Initial)

B. VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

609.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97147

Amount of Each Receipt this Period

33.61

Full Name (Last, First, Middle Initial)

C. JEFFREY C. SABIN

Mailing Address 624 Cleveland Street

City

Eveleth

State

MN

Zip Code

55734

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96760

Amount of Each Receipt this Period

49.94

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.98

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 767 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIGA SACKS

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95780

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. ELIGA SACKS

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95958

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. BRIA D. SADDLER

Mailing Address 1999 Hidden gate

City	State	Zip Code
Columbus	OH	43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94854

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

33.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIA D. SADDLER Full Name (Last, First, Middle Initial) Mailing Address 1999 Hidden gate City Columbus State OH Zip Code 43228 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95196 Amount of Each Receipt this Period 11.00	
B. BRIA D. SADDLER Full Name (Last, First, Middle Initial) Mailing Address 1999 Hidden gate City Columbus State OH Zip Code 43228 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95539 Amount of Each Receipt this Period 11.00	
C. AMY M. SALAZAR Full Name (Last, First, Middle Initial) Mailing Address 1104 Stilwell Avenue City Fremont State OH Zip Code 43420 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95197 Amount of Each Receipt this Period 10.00	
SUBTOTAL of Receipts This Page (optional)..... ▶			32.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 769 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMY M. SALAZAR

Mailing Address 1104 Stilwell Avenue

City

Fremont

State

OH

Zip Code

43420

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95540

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CURTIS C. SALOW

Mailing Address 317 4th Avenue S E

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

646.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.96416

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. CURTIS C. SALOW

Mailing Address 317 4th Avenue S E

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

688.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96508

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ▶

93.34

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 770 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CURTIS C. SALOW

Mailing Address 317 4th Avenue S E

City	State	Zip Code
Independence	IA	50644

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IAOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96646

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. KYM S. SALOW

Mailing Address 317 4th Avenue S E

City	State	Zip Code
Independence	IA	50644

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IAOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96417

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. KYM S. SALOW

Mailing Address 317 4th Avenue S E

City	State	Zip Code
Independence	IA	50644

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IAOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96509

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

91.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 771 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KYM S. SALOW

Mailing Address 317 4th Avenue S E

City

Independence

State

IA

Zip Code

50644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96647

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. BARB SAMPSON

Mailing Address 22268 110th Street

City

Fergus Falls

State

MN

Zip Code

56537

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.96761

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. PATRIA L. SAMPSONMailing Address 2700 Maple Street
Unit C121

City

Bremerton

State

WA

Zip Code

98310

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95781

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

77.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 772 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PATRIA L. SAMPSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95959	
Mailing Address 2700 Maple Street Unit C121		Amount of Each Receipt this Period 20.00	
City Bremerton	State WA	Zip Code 98310	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) B. PUALEILANI SANBORN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97377	
Mailing Address 1374 Mailani Street		Amount of Each Receipt this Period 25.85	
City Hilo	State HI	Zip Code 96720	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.50		
Full Name (Last, First, Middle Initial) C. STEPHANIE J. SANCHEZ		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97814	
Mailing Address 9978 Golf Course Road		Amount of Each Receipt this Period 10.00	
City Albuquerque	State NM	Zip Code 87114	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NM CN 18/BERNALILLO	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
SUBTOTAL of Receipts This Page (optional)..... ▶		55.85	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 773 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANGEL L. SANDERS

Mailing Address 403 Buckeye Street

City

Marysville

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95198

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANGEL L. SANDERS

Mailing Address 403 Buckeye Street

City

Marysville

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95541

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ATHA L. SANDERS

Mailing Address 189 Park Avenue

Apt. 1

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95199

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 774 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ATHA L. SANDERSMailing Address 189 Park Avenue
Apt. 1

City	State	Zip Code
Delaware	OH	43015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95542

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JUNE E. SANDERSON

Mailing Address 4304 Independence Road

City	State	Zip Code
Sunnyside	WA	98944

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95782

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JUNE E. SANDERSON

Mailing Address 4304 Independence Road

City	State	Zip Code
Sunnyside	WA	98944

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95960

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 775 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HAIG SARAFIAN

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95783

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. HAIG SARAFIAN

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95961

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. WILBERT R. SATTLER

Mailing Address 73981 Morgan Hill Road

City	State	Zip Code
Adena	OH	43901

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94858

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 776 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILBERT R. SATTLER Full Name (Last, First, Middle Initial) Mailing Address 73981 Morgan Hill Road City Adena State OH Zip Code 43901 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95200 Amount of Each Receipt this Period 20.00
B. WILBERT R. SATTLER Full Name (Last, First, Middle Initial) Mailing Address 73981 Morgan Hill Road City Adena State OH Zip Code 43901 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95543 Amount of Each Receipt this Period 20.00
C. LEE A. SAUNDERS Full Name (Last, First, Middle Initial) Mailing Address 7510 Alaska Avenue NW City Washington State DC Zip Code 20012 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2435.23		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93876 Amount of Each Receipt this Period 128.17
SUBTOTAL of Receipts This Page (optional)..... ▶		168.17
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 777 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEE A. SAUNDERS

Mailing Address 7510 Alaska Avenue NW

City	State	Zip Code
Washington	DC	20012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2563.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96164

Amount of Each Receipt this Period

128.17

Full Name (Last, First, Middle Initial)

B. KRISTIN SCHAEFER-WEISS

Mailing Address 302 E North Street

City	State	Zip Code
Cambridge	WI	52523

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.97743

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JENNIFER SCHEIDLER

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94111

Amount of Each Receipt this Period

51.14

SUBTOTAL of Receipts This Page (optional)..... ►

189.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 778 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CONTANCE E. SCHLESKY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.20

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2		2	0	1	5		

Transaction ID : SA11AI.96418

Amount of Each Receipt this Period

12.41

Full Name (Last, First, Middle Initial)

B. CONTANCE E. SCHLESKY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.61

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0				1	5		2	0	1	5	

Transaction ID : SA11AI.96510

Amount of Each Receipt this Period

12.41

Full Name (Last, First, Middle Initial)

C. CONTANCE E. SCHLESKY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.02

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0				2	9		2	0	1	5	

Transaction ID : SA11AI.96649

Amount of Each Receipt this Period

12.41

SUBTOTAL of Receipts This Page (optional)..... ►

37.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 779 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEREMY R. SCHMIDT Full Name (Last, First, Middle Initial) Mailing Address 72 David Road City State Zip Code Wilmington OH 45177 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95201 Amount of Each Receipt this Period 10.00
B. JEREMY R. SCHMIDT Full Name (Last, First, Middle Initial) Mailing Address 72 David Road City State Zip Code Wilmington OH 45177 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95544 Amount of Each Receipt this Period 10.00
C. LINDA SCHMIT Full Name (Last, First, Middle Initial) Mailing Address 435 River Forest Road City State Zip Code Evansdale IA 50707 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.22		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96511 Amount of Each Receipt this Period 9.82
SUBTOTAL of Receipts This Page (optional)..... ▶		29.82
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 780 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LINDA SCHMIT

Mailing Address 435 River Forest Road

City

Evanston

State

IA

Zip Code

50707

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96650

Amount of Each Receipt this Period

9.82

Full Name (Last, First, Middle Initial)

B. JAMES SCHMITZMailing Address 6437 Rock Forest Drive
#305

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

641.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93708

Amount of Each Receipt this Period

64.21

Full Name (Last, First, Middle Initial)

C. MANDY E. SCHMITZ

Mailing Address 1017 Pimlico Drive

City

East Norriton

State

PA

Zip Code

19403

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97479

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ▶

94.03

TOTAL This Period (last page this line number only)..... ▶

✗	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 782 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAWN M. SCHOTT

Mailing Address 405 E Holum Street

City

De Forest

State

WI

Zip Code

53532

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			22			2015					

Transaction ID : SA11AI.94308

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. PATRICIA SCHRADER

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95784

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. PATRICIA SCHRADER

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2015					

Transaction ID : SA11AI.95962

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 783 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAUL SCHROEDER

Mailing Address 14 Gaskill Avenue

City

Trenton

State

NJ

Zip Code

08610-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 73

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 05 / 2015

Transaction ID : SA11AI.97668

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. PAUL SCHROEDER

Mailing Address 14 Gaskill Avenue

City

Trenton

State

NJ

Zip Code

08610-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 73

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 22 / 2015

Transaction ID : SA11AI.97674

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SHANNON SCHROEDER

Mailing Address P.O. Box 207

City

St. Joseph

State

MN

Zip Code

56374

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 29 / 2015

Transaction ID : SA11AI.97653

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 784 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KENNETH C. SCHROTH JR. Full Name (Last, First, Middle Initial) Mailing Address 166 Martin Road City Indiana State PA Zip Code 15701 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97480 Amount of Each Receipt this Period 40.00
B. JIM C. SCHUBACH Full Name (Last, First, Middle Initial) Mailing Address 186 Palmer Drive City Sandusky State OH Zip Code 44870 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95202 Amount of Each Receipt this Period 10.00
C. JIM C. SCHUBACH Full Name (Last, First, Middle Initial) Mailing Address 186 Palmer Drive City Sandusky State OH Zip Code 44870 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95545 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			60.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 785 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ERIC SCHUBERT

Mailing Address 132 College Avenue

City	State	Zip Code
Elmhurst	PA	18416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94113

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

B. JULIE SCHULTZMailing Address 1325 Meadowview
Apt. #1

City	State	Zip Code
Marioun	IA	52302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96303

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

C. JULIE SCHULTZMailing Address 1325 Meadowview
Apt. #1

City	State	Zip Code
Marioun	IA	52302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96651

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 786 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY SCHWANGER

Mailing Address 419 Valley Street

City

Marysville

State

PA

Zip Code

17053

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94114

Amount of Each Receipt this Period

121.56

Full Name (Last, First, Middle Initial)

B. PAUL D. SCHWARZ

Mailing Address 24 N. Munsterman

City

Appleton

State

MN

Zip Code

56208

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97654

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. FRAN SCHWEIGERT

Mailing Address P.O. Box 5356

City

Helena

State

MT

Zip Code

59604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MT CN 9

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94159

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

181.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 787 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GAIL M. SCOTT

Mailing Address 751 Bulen Avenue

City	State	Zip Code
Columbus	OH	43205

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97286

Amount of Each Receipt this Period

41.24

Full Name (Last, First, Middle Initial)

B. JESSIE M. SCOTT

Mailing Address P.O. Box 13886

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94861

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JESSIE M. SCOTT

Mailing Address P.O. Box 13886

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95203

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 788 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JESSIE M. SCOTT

Mailing Address P.O. Box 13886

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95546

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. KAYLA SCRIVNER

Mailing Address 2419B Hyde Park Road

City	State	Zip Code
Jefferson City	MO	65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97663

Amount of Each Receipt this Period

16.67

Full Name (Last, First, Middle Initial)

C. PATRICK SCUTELLA

Mailing Address 2 Lighthouse Street

City	State	Zip Code
Erie	PA	16507

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 3530

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94115

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

76.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 789 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHELLEY K. SEEBERG Full Name (Last, First, Middle Initial) Mailing Address 7529 Florine Avenue City Las Vegas State NV Zip Code 89129 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1137.38		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93877 Amount of Each Receipt this Period 53.74
B. SHELLEY K. SEEBERG Full Name (Last, First, Middle Initial) Mailing Address 7529 Florine Avenue City Las Vegas State NV Zip Code 89129 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1191.12		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96165 Amount of Each Receipt this Period 53.74
C. STEVEN SEGALL Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95963 Amount of Each Receipt this Period 10.50
SUBTOTAL of Receipts This Page (optional)..... ▶		117.98
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 790 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96763

Amount of Each Receipt this Period

98.52

Full Name (Last, First, Middle Initial)

B. ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1139.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96234

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. MICHAEL SENNMailing Address 8033 Excelsior Drive
Suite C

City	State	Zip Code
Madison	WI	53717

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/LOCAL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2015

Transaction ID : SA11AI.94309

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

152.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 791 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL SENNMailing Address 8033 Excelsior Drive
Suite C

City	State	Zip Code
Madison	WI	53717

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 24/LOCAL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.94310

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JERRY SERFLING

Mailing Address 2388 Hidden Valley Lane

City	State	Zip Code
Stillwater	MN	55082

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93709

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS A. SERRANOMailing Address 3003 Van Ness Street NW
Apt. S217

City	State	Zip Code
Washington	DC	20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93878

Amount of Each Receipt this Period

40.66

SUBTOTAL of Receipts This Page (optional)..... ►

105.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 792 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NICHOLAS A. SERRANOMailing Address 3003 Van Ness Street NW
Apt. S217

City	State	Zip Code
Washington	DC	20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96166

Amount of Each Receipt this Period

40.66

Full Name (Last, First, Middle Initial)

B. MICHELLE A. SFORZA

Mailing Address 415 U Street NW

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, CORPORATE AFFA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93879

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

C. MICHELLE A. SFORZA

Mailing Address 415 U Street NW

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, CORPORATE AFFA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96167

Amount of Each Receipt this Period

59.37

SUBTOTAL of Receipts This Page (optional)..... ►

159.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 793 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOMINIC SGRO

Mailing Address 144 Stormer Road

City	State	Zip Code
Indiana	PA	15701-0144

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94116

Amount of Each Receipt this Period

121.56

Full Name (Last, First, Middle Initial)

B. RICHARD SHAFER

Mailing Address 250 Short Street

City	State	Zip Code
West Jefferson	OH	43162

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INVENTORY CONTROL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95204

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RICHARD SHAFER

Mailing Address 250 Short Street

City	State	Zip Code
West Jefferson	OH	43162

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

INVENTORY CONTROL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95547

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

141.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 794 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NOEL SHANAHAN

Mailing Address 700 North Alameda Street

City	State	Zip Code
Los Angeles	CA	90012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1001

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97848

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. NOEL SHANAHAN

Mailing Address 700 North Alameda Street

City	State	Zip Code
Los Angeles	CA	90012

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1001

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97849

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. JOE E. SHANNON III

Mailing Address 1614 Omar Drive

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94863

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 795 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOE E. SHANNON III

Mailing Address 1614 Omar Drive

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95205

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JOE E. SHANNON III

Mailing Address 1614 Omar Drive

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95548

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. SABRINA SHAPIRO

Mailing Address 123 Newport Bridge Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/ORANGE CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.98052

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 796 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SABRINA SHAPIRO

Mailing Address 123 Newport Bridge Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/ORANGE CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.98065

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SABRINA SHAPIRO

Mailing Address 123 Newport Bridge Road

City

Warwick

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/ORANGE CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.98081

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RANDY E. SHARP

Mailing Address 2533 Eargle Road

City

Charlotte

State

NC

Zip Code

28269

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

521.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93880

Amount of Each Receipt this Period

34.76

SUBTOTAL of Receipts This Page (optional)..... ►

54.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 797 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RANDY E. SHARP

Mailing Address 2533 Eargle Road

City

Charlotte

State

NC

Zip Code

28269

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

556.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96168

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

B. VALERIE SHAW

Mailing Address 3936 Cone Court

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95206

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. VALERIE SHAW

Mailing Address 3936 Cone Court

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95549

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

54.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 798 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TROY SHAWBER

Mailing Address 1789 State Route 598

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95207

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. TROY SHAWBER

Mailing Address 1789 State Route 598

City

Galion

State

OH

Zip Code

44833

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95550

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. CLARENCE A. SHELTON

Mailing Address 5918 Westbank Drive

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95208

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 799 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CLARENCE A. SHELTON Full Name (Last, First, Middle Initial) Mailing Address 5918 Westbank Drive City Galloway State OH Zip Code 43119 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95551 Amount of Each Receipt this Period 10.00
B. PAMELA S. SHELTON Full Name (Last, First, Middle Initial) Mailing Address 4471 North Leavitt Road NW City Warren State OH Zip Code 44485 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 278.17			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97196 Amount of Each Receipt this Period 9.62
C. PAMELA S. SHELTON Full Name (Last, First, Middle Initial) Mailing Address 4471 North Leavitt Road NW City Warren State OH Zip Code 44485 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 287.67			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97288 Amount of Each Receipt this Period 9.50
SUBTOTAL of Receipts This Page (optional)..... ▶			29.12
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 800 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PAMELA S. SHELTON

Mailing Address 4471 North Leavitt Road NW

City

Warren

State

OH

Zip Code

44485

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

297.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97197

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. PAMELA S. SHELTON

Mailing Address 4471 North Leavitt Road NW

City

Warren

State

OH

Zip Code

44485

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

327.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97198

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. PAMELA S. SHELTON

Mailing Address 4471 North Leavitt Road NW

City

Warren

State

OH

Zip Code

44485

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97287

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ▶

69.62

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 801 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEBORAH C. SHEPHERD

Mailing Address 1011 E Franklin Avenue

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.96420

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. DEBORAH C. SHEPHERD

Mailing Address 1011 E Franklin Avenue

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.96512

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. DEBORAH C. SHEPHERD

Mailing Address 1011 E Franklin Avenue

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : SA11AI.96652

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

42.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 802 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. LISA A. SHILLING</p> <p>Mailing Address 521 E Church Street</p> <p>City State Zip Code Galion OH 44833</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.94867</p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) B. LISA A. SHILLING</p> <p>Mailing Address 521 E Church Street</p> <p>City State Zip Code Galion OH 44833</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 315.00</p>			<p>Date of Receipt 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.95209</p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) C. LISA A. SHILLING</p> <p>Mailing Address 521 E Church Street</p> <p>City State Zip Code Galion OH 44833</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>			<p>Date of Receipt 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95552</p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>45.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 803 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GARY SHIMER

Mailing Address 5421 Marcy Street

City

Warren

State

MI

Zip Code

48091

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.97074

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

B. GARY SHIMER

Mailing Address 5421 Marcy Street

City

Warren

State

MI

Zip Code

48091

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.97108

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

C. GARY SHIMER

Mailing Address 5421 Marcy Street

City

Warren

State

MI

Zip Code

48091

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.97150

Amount of Each Receipt this Period

29.12

SUBTOTAL of Receipts This Page (optional)..... ►

87.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 804 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH M. SHIMKO

Mailing Address P.O. Box 645

City

Grindstone

State

PA

Zip Code

15442

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97482

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ANDREW J. SHOEMAKER

Mailing Address 1196 Westdale Drive

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95210

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANDREW J. SHOEMAKER

Mailing Address 1196 Westdale Drive

City

Galloway

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95553

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 805 OF 1006
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JAMES R. SHONBORN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97290	
Mailing Address 18286 Hunter Road		Amount of Each Receipt this Period 9.50	
City Glouster	State OH	Zip Code 45732	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8/OHIO UNIVERSITY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.40		
Full Name (Last, First, Middle Initial) B. JAMES R. SHONBORN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97199	
Mailing Address 18286 Hunter Road		Amount of Each Receipt this Period 9.62	
City Glouster	State OH	Zip Code 45732	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8/OHIO UNIVERSITY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.02		
Full Name (Last, First, Middle Initial) C. JAMES R. SHONBORN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97289	
Mailing Address 18286 Hunter Road		Amount of Each Receipt this Period 9.62	
City Glouster	State OH	Zip Code 45732	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8/OHIO UNIVERSITY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.64		
SUBTOTAL of Receipts This Page (optional)..... ▶		28.74	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 806 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHANE E. SHOOK

Mailing Address P.O. Box 8212

City

Des Moines

State

IA

Zip Code

50301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.96513

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHANE E. SHOOK

Mailing Address P.O. Box 8212

City

Des Moines

State

IA

Zip Code

50301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : SA11AI.96653

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERT D. SHORT

Mailing Address 1202 Pennsylvania Street NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NM CN 18/ALBUQUERQUE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2015			

Transaction ID : SA11AI.97592

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 807 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT D. SHORT

Mailing Address 1202 Pennsylvania Street NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NM CN 18/ALBUQUERQUE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.97593

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GARY D. SHOUP

Mailing Address 1275 Coal Road

City

New Florence

State

PA

Zip Code

15944

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97483

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. CARMYN L. SHUTE

Mailing Address 300 E Uncas Road

City

Port Townsend

State

WA

Zip Code

98368

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95964

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 808 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ALBERT V. SIEPKER

Mailing Address 1914 2nd Street

City	State	Zip Code
Perry	IA	50220

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96654

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

B. JASON SIERRASMailing Address 55 Lake Havasu Avenue
Suite F-280

City	State	Zip Code
Lake Havasu City	AZ	86403

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94255

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. JEFFREY A. SIGMAN

Mailing Address 1650 Jackson Street

City	State	Zip Code
Portsmouth	OH	45662

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CONSERVATION WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95211

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

46.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 809 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JEFFREY A. SIGMAN

Mailing Address 1650 Jackson Street

City

Portsmouth

State

OH

Zip Code

45662

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CONSERVATION WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95554

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SHERYL SIMATOVICH

Mailing Address P.O. Box 14

220 1st Street

City

Ferguson

State

IA

Zip Code

50078

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/JASPER COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.98021

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. SHERYL SIMATOVICH

Mailing Address P.O. Box 14

220 1st Street

City

Ferguson

State

IA

Zip Code

50078

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/JASPER COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96655

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)..... ►

30.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 810 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARLA SIMMONS

Mailing Address 444 East Main Street

City	State	Zip Code
New Britain	CT	06051-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97689

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ISSA J. SIMPSON

Mailing Address 1139 S.E. 16th Avenue

City	State	Zip Code
Portland	OR	97214-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97559

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. APRIL SIMS

Mailing Address 631 110th Street S

City	State	Zip Code
Tacoma	WA	98444

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LPA FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95965

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 811 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KELLY E. SIMS

Mailing Address 1270 Vine Street

City

Coshocton

State

OH

Zip Code

43812

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/COSHOCTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.97760

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. TODD L. SINGER

Mailing Address 1030 6th Avenue

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

ADMINISTRATIVE/CLERICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.97485

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. RACHEL Z. SISTOZA

Mailing Address 13164 Oak Farm Drive

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

OFFICE ASSISTANT IV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93881

Amount of Each Receipt this Period

33.83

SUBTOTAL of Receipts This Page (optional)..... ►

85.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 812 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RACHEL Z. SISTOZA

Mailing Address 13164 Oak Farm Drive

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

OFFICE ASSISTANT IV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96169

Amount of Each Receipt this Period

33.83

Full Name (Last, First, Middle Initial)

B. KEITH C. SIU

Mailing Address P.O. Box 160933

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.97380

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. ANNETTE C. SKILLMAN

Mailing Address 38106 Rieth Road

City

Echo

State

OR

Zip Code

97826

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97561

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.83

TOTAL This Period (last page this line number only)..... ►

PAGE 813 OF 1006

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 814 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERRY SKULTETY Full Name (Last, First, Middle Initial) Mailing Address 222 Meade Street City Homer City State PA Zip Code 15748 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 787.78		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94117 Amount of Each Receipt this Period 76.12
B. SUSAN J. SLABAUGH Full Name (Last, First, Middle Initial) Mailing Address 2135 Michelle Drive City Grove City State OH Zip Code 43123 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation ACCOUNTING CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96859 Amount of Each Receipt this Period 17.25
C. SUSAN J. SLABAUGH Full Name (Last, First, Middle Initial) Mailing Address 2135 Michelle Drive City Grove City State OH Zip Code 43123 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation ACCOUNTING CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.25		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97003 Amount of Each Receipt this Period 17.25
SUBTOTAL of Receipts This Page (optional)..... ▶		110.62
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 815 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSHUA E. SMELTSE Full Name (Last, First, Middle Initial) Mailing Address 2805 Avenue M City Fort Madison State IA Zip Code 52627 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96422 Amount of Each Receipt this Period 10.41
B. JOSHUA E. SMELTSE Full Name (Last, First, Middle Initial) Mailing Address 2805 Avenue M City Fort Madison State IA Zip Code 52627 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.61			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96514 Amount of Each Receipt this Period 10.41
C. JOSHUA E. SMELTSE Full Name (Last, First, Middle Initial) Mailing Address 2805 Avenue M City Fort Madison State IA Zip Code 52627 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.02			Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96656 Amount of Each Receipt this Period 10.41
SUBTOTAL of Receipts This Page (optional)..... ▶			31.23
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 816 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREW H. SMITH

Mailing Address 107 Empire Drive

City	State	Zip Code
Gahanna	OH	43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LABORATORY SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95212

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANDREW H. SMITH

Mailing Address 107 Empire Drive

City	State	Zip Code
Gahanna	OH	43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LABORATORY SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95555

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BETTY SMITH

Mailing Address 19292 Archer

City	State	Zip Code
Detroit	MI	48219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97075

Amount of Each Receipt this Period

33.26

SUBTOTAL of Receipts This Page (optional)..... ▶

53.26

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 817 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BETTY SMITH

Mailing Address 19292 Archer

City

Detroit

State

MI

Zip Code

48219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

598.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.97109

Amount of Each Receipt this Period

33.26

Full Name (Last, First, Middle Initial)

B. BETTY SMITH

Mailing Address 19292 Archer

City

Detroit

State

MI

Zip Code

48219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

631.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.97151

Amount of Each Receipt this Period

33.26

Full Name (Last, First, Middle Initial)

C. CHARLES O. SMITH

Mailing Address 319 Woodmont Drive

City

Englewood

State

OH

Zip Code

45322

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MAINTENANCE REPAIR TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95213

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

76.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 818 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. CHARLES O. SMITH</p> <p>Mailing Address 319 Woodmont Drive</p> <p>City State Zip Code Englewood OH 45322</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH MAINTENANCE REPAIR TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95556</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. CONNIE SMITH</p> <p>Mailing Address 1739 E 24th Street</p> <p>City State Zip Code Capitol Heights IA 50317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 586.60</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015</p> <p>Transaction ID : SA11AI.96657</p> <p>Amount of Each Receipt this Period 58.66</p>	
<p>Full Name (Last, First, Middle Initial) C. DAVID SMITH</p> <p>Mailing Address 1 Riverside Drive</p> <p>City State Zip Code Athens OH 45701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH CN 8/OHIO UNIVERSITY STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 282.87</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015</p> <p>Transaction ID : SA11AI.97202</p> <p>Amount of Each Receipt this Period 13.47</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>82.13</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 819 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAVID SMITH

Mailing Address 1 Riverside Drive

City	State	Zip Code
Athens	OH	45701

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/OHIO UNIVERSITY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97292

Amount of Each Receipt this Period

13.47

Full Name (Last, First, Middle Initial)

B. DEREK L. SMITH

Mailing Address 4306 Broken Arrow Court

City	State	Zip Code
Clinton	MD	20735

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, GENERAL SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93882

Amount of Each Receipt this Period

48.62

Full Name (Last, First, Middle Initial)

C. DEREK L. SMITH

Mailing Address 4306 Broken Arrow Court

City	State	Zip Code
Clinton	MD	20735

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, GENERAL SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96170

Amount of Each Receipt this Period

48.62

SUBTOTAL of Receipts This Page (optional)..... ▶

110.71

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 820 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DERRICK L. SMITH

Mailing Address 1974 Shaftesbury Road

City	State	Zip Code
Dayton	OH	45406

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95214

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DERRICK L. SMITH

Mailing Address 1974 Shaftesbury Road

City	State	Zip Code
Dayton	OH	45406

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95557

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. EMMAGEAN SMITH

Mailing Address 1436 Minosa Lane

City	State	Zip Code
West Salem	OH	44287

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95215

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 821 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. EMMAGEAN SMITH</p> <p>Mailing Address 1436 Minosa Lane</p> <p>City State Zip Code West Salem OH 44287</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95558</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. GREGORY A. SMITH</p> <p>Mailing Address 184 Woodbine Drive</p> <p>City State Zip Code Ontario OH 44906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95216</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. GREGORY A. SMITH</p> <p>Mailing Address 184 Woodbine Drive</p> <p>City State Zip Code Ontario OH 44906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95559</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>30.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 822 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HOWARD R. SMITH

Mailing Address 32 Township 1174

City

Proctorville

State

OH

Zip Code

45667

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/FAIRLAND LOCAL

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97004

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. MICHELLE L. SMITH

Mailing Address 2100 Stonepath Street

City

Lorain

State

OH

Zip Code

44052

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94875

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MICHELLE L. SMITH

Mailing Address 2100 Stonepath Street

City

Lorain

State

OH

Zip Code

44052

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95217

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 823 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELLE L. SMITH

Mailing Address 2100 Stonepath Street

City

Lorain

State

OH

Zip Code

44052

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95560

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97076

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97110

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ▶

67.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 824 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97152

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. JOYCE SNYDER

Mailing Address 3145 S. 3B's & K Road

City	State	Zip Code
Galena	OH	43021

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97005

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. NORMAN L. SNYDERMailing Address 139 Sycamore Street East
#4

City	State	Zip Code
St. Paul	MN	55117

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/RAMSEY COUNTY

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96764

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

151.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 825 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DARCY F. SOLAND

Mailing Address 324 E Alcott Avenue

City

Fergus Falls

State

MN

Zip Code

56537

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96765

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. JILL A. SOSNOWSKI

Mailing Address 155 Sanctuary Village Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95218

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JILL A. SOSNOWSKI

Mailing Address 155 Sanctuary Village Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

DISABILITY CLAIMS CORD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95561

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 826 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JONATHAN E. SOULE

Mailing Address 7838 Firwood Way NE

City
FridleyState
MNZip Code
55432FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96766

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. DARRIN SPANNMailing Address 6130 Springford Drive
#C6

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94119

Amount of Each Receipt this Period

103.18

Full Name (Last, First, Middle Initial)

C. ELIZABETH M. SPARKS

Mailing Address 817 220th St.

City

Baldwin

State

WI

Zip Code

54002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93883

Amount of Each Receipt this Period

23.34

SUBTOTAL of Receipts This Page (optional)..... ▶

150.52

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 827 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIZABETH M. SPARKS Full Name (Last, First, Middle Initial) Mailing Address 817 220th St. City Baldwin State WI Zip Code 54002 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 508.44		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96171 Amount of Each Receipt this Period 23.34
B. EDITHIA M. SPEARS Full Name (Last, First, Middle Initial) Mailing Address 4690 Ascot Drive City Columbus State OH Zip Code 43229 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 614.56		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97293 Amount of Each Receipt this Period 61.70
C. JAMES L. SPEARS JR. Full Name (Last, First, Middle Initial) Mailing Address 6402 Tunston Lane City Charlotte State NC Zip Code 28269 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 758.48		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93884 Amount of Each Receipt this Period 39.92
SUBTOTAL of Receipts This Page (optional)..... ▶		124.96
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 828 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES L. SPEARS JR. Full Name (Last, First, Middle Initial) Mailing Address 6402 Tunston Lane City Charlotte State NC Zip Code 28269 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 798.40			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96172 Amount of Each Receipt this Period 39.92
B. MELISSA SPEED Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61 Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.80			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96658 Amount of Each Receipt this Period 47.58
C. LISA D. SPELICH Full Name (Last, First, Middle Initial) Mailing Address 160 High Street NW City Warren State OH Zip Code 44481 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/TRUMBULL Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97294 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			97.50
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARY SPELTZ

Mailing Address W364 Palubicki Road

City	State	Zip Code
Fountain City	WI	54629

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WI CN 40/LOCAL 2484Occupation
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94207

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

B. HARRIETT SPENCER

Mailing Address 49 Fulliam Circle

City	State	Zip Code
Allenstown	NH	03275-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME MA CN 93Occupation
COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.94278

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. ROBERT SPENCER

Mailing Address 1351 Garin Avenue

City	State	Zip Code
Hayward	CA	94544

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME CA CN 57/EAST BAY PARKSOccupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97870

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

137.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 830 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City	State	Zip Code
Delta	OH	43515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96861

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

B. BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City	State	Zip Code
Delta	OH	43515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97006

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

C. JOHN R. SPIEGELHOFF

Mailing Address 430 Galena Street

City	State	Zip Code
Worthington	MN	56187

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97655

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

137.72

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 831 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JAMES SPRAGUE</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 475.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95787 </p> <p>Amount of Each Receipt this Period 25.00 </p>	
<p>Full Name (Last, First, Middle Initial) B. JAMES SPRAGUE</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95970 </p> <p>Amount of Each Receipt this Period 25.00 </p>	
<p>Full Name (Last, First, Middle Initial) C. JUDITH SPRAGUE</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00 </p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95971 </p> <p>Amount of Each Receipt this Period 10.50 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			60.50	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 832 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOC. DIRECTOR, CONF & TRAVEL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93885

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

B. KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOC. DIRECTOR, CONF & TRAVEL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1188.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96173

Amount of Each Receipt this Period

89.05

Full Name (Last, First, Middle Initial)

C. THERESA A. ST. AOROMailing Address 1545 Hamline Avenue N
West Unit

City

St. Paul

State

MN

Zip Code

55108

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96767

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

198.42

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 833 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRIAN STANDING

Mailing Address 3210 James Street

City

Madison

State

WI

Zip Code

53714

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.97735

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. BRIAN STANDING

Mailing Address 3210 James Street

City

Madison

State

WI

Zip Code

53714

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WI CN 40/DANE COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.97744

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JAMES A STANLEY

Mailing Address 2939 Graham Rd

City

Falls Church

State

VA

Zip Code

22842

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.48

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.93887

Amount of Each Receipt this Period

37.32

SUBTOTAL of Receipts This Page (optional)..... ►

57.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 834 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES A STANLEY

Mailing Address 2939 Graham Rd

City

Falls Church

State

VA

Zip Code

22842

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

732.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96175

Amount of Each Receipt this Period

37.32

Full Name (Last, First, Middle Initial)

B. JOSH STANLEY

Mailing Address 300 Hardman Avenue

City

South Saint Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

222.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.96768

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. TRACY STANLEY

Mailing Address 817 E 15th Circle

City

La Center

State

WA

Zip Code

98629

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95789

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)..... ►

57.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 835 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TRACY STANLEY</p> <p>Mailing Address 817 E 15th Circle</p> <p>City La Center State WA Zip Code 98629</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 10 / 26 / 2015 Transaction ID : SA11AI.95972 </p> <p>Amount of Each Receipt this Period 12.50 </p>	
<p>Full Name (Last, First, Middle Initial) B. DENISE L. STARK</p> <p>Mailing Address 4241 Berkshire Drive SE #4</p> <p>City Warren State OH Zip Code 44484</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 202.65</p>			<p>Date of Receipt 10 / 08 / 2015 Transaction ID : SA11AI.97207 </p> <p>Amount of Each Receipt this Period 9.65 </p>	
<p>Full Name (Last, First, Middle Initial) C. DENISE L. STARK</p> <p>Mailing Address 4241 Berkshire Drive SE #4</p> <p>City Warren State OH Zip Code 44484</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 237.65</p>			<p>Date of Receipt 10 / 13 / 2015 Transaction ID : SA11AI.97208 </p> <p>Amount of Each Receipt this Period 35.00 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			57.15	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 836 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENISE L. STARK
 Mailing Address 4241 Berkshire Drive SE
 #4

City	State	Zip Code
Warren	OH	44484

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97295

Amount of Each Receipt this Period

9.65

Full Name (Last, First, Middle Initial)

B. JAMES E. STARKEY

Mailing Address 255 Edgewood Drive

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95219

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JAMES E. STARKEY

Mailing Address 255 Edgewood Drive

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95562

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

29.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 837 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES K. STEELE

Mailing Address 923 W Woodruff Avenue

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11Al.94878

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

B. CHARLES K. STEELE

Mailing Address 923 W Woodruff Avenue

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11Al.95220

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

C. CHARLES K. STEELE

Mailing Address 923 W Woodruff Avenue

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11Al.95563

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 838 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARIANNE STEGER

Mailing Address 2930 Woodson Drive

City
HilliardState
OHZip Code
43026FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.93711

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. DELPHINE L. STEINER

Mailing Address 307 N Woodland Drive

City

Fergus Falls

State

MN

Zip Code

56537

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96769

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MICHELE STELOVICHMailing Address 21114 77th Place West
Apt. #102

City

Edmonds

State

WA

Zip Code

98026

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95790

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)..... ▶

68.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHELE STELOVICH Full Name (Last, First, Middle Initial) Mailing Address 21114 77th Place West Apt. #102 City Edmonds State WA Zip Code 98026 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95974 Amount of Each Receipt this Period 23.00
B. BECKY STEPHENS Full Name (Last, First, Middle Initial) Mailing Address 4637 Olympia Way City Longview State WA Zip Code 98632 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94203 Amount of Each Receipt this Period 25.00
C. VICKIE R. STEPHENS Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96423 Amount of Each Receipt this Period 16.00
SUBTOTAL of Receipts This Page (optional)..... ▶		64.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 840 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VICKIE R. STEPHENS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96515

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. VICKIE R. STEPHENS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96659

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. BILLY E. STEVENS

Mailing Address 137 Sherbrook Road

City

Mansfield

State

OH

Zip Code

44907

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94879

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

47.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 841 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. BILLY E. STEVENS</p> <p>Mailing Address 137 Sherbrook Road</p> <p>City Mansfield State OH Zip Code 44907</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 315.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95221 </p> <p>Amount of Each Receipt this Period 15.00</p>		
<p>Full Name (Last, First, Middle Initial) B. BILLY E. STEVENS</p> <p>Mailing Address 137 Sherbrook Road</p> <p>City Mansfield State OH Zip Code 44907</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 330.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95564 </p> <p>Amount of Each Receipt this Period 15.00</p>		
<p>Full Name (Last, First, Middle Initial) C. MYRON STEVENS</p> <p>Mailing Address 14642 Norkay Lake Road</p> <p>City Brainerd State MN Zip Code 56401-9129</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 215.00</p>			<p>Date of Receipt 10 / 06 / 2015 Transaction ID : SA11AI.97949 </p> <p>Amount of Each Receipt this Period 35.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			65.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 842 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MYRON STEVENS

Mailing Address 14642 Norkay Lake Road

City

Brainerd

State

MN

Zip Code

56401-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	6		2	0	1	5		

Transaction ID : SA11AI.96770

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. CARLI E. STEVENSON

Mailing Address 214 N Tremont Street

City

Indianapolis

State

IN

Zip Code

46222

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

226.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SA11AI.97621

Amount of Each Receipt this Period

37.70

Full Name (Last, First, Middle Initial)

C. LEAH D. STEVENSON

Mailing Address 1079 Irongate Lane

City

Whitehall

State

OH

Zip Code

43213

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95222

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 843 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. LEAH D. STEVENSON</p> <p>Mailing Address 1079 Irongate Lane</p> <p>City State Zip Code Whitehall OH 43213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95565</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) B. FAY D STEWART</p> <p>Mailing Address P.O. Box 1228</p> <p>City State Zip Code Rochester WA 98579-1228</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 289.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015</p> <p>Transaction ID : SA11AI.93888</p> <p>Amount of Each Receipt this Period 13.00</p>		
<p>Full Name (Last, First, Middle Initial) C. FAY D STEWART</p> <p>Mailing Address P.O. Box 1228</p> <p>City State Zip Code Rochester WA 98579-1228</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 302.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.96176</p> <p>Amount of Each Receipt this Period 13.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>36.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 844 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHLEEN M. STEWART

Mailing Address 7326 State Route 19

City	State	Zip Code
Mount Gilead	OH	43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94881

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN M. STEWART

Mailing Address 7326 State Route 19

City	State	Zip Code
Mount Gilead	OH	43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95223

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN M. STEWART

Mailing Address 7326 State Route 19

City	State	Zip Code
Mount Gilead	OH	43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95566

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 845 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NEAL STEWARTMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95975

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

B. GREGORY S. STIGER

Mailing Address 3320 Plank Road

City	State	Zip Code
New Castle	PA	16105

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94120

Amount of Each Receipt this Period

58.92

Full Name (Last, First, Middle Initial)

C. ROGER A. STINSON

Mailing Address 1862 Rutland Drive

City	State	Zip Code
Dayton	OH	45406

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95224

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 846 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROGER A. STINSON Full Name (Last, First, Middle Initial) Mailing Address 1862 Rutland Drive City Dayton State OH Zip Code 45406 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95567 Amount of Each Receipt this Period 10.00
B. GARY R. STOCKINGER Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/UNIV OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.94152 Amount of Each Receipt this Period 25.00
C. RYNDA STOVER Full Name (Last, First, Middle Initial) Mailing Address 774 Larri Court City W. Jefferson State OH Zip Code 43162 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE ASST. TO EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94201 Amount of Each Receipt this Period 42.00
SUBTOTAL of Receipts This Page (optional)..... ▶			77.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 847 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREA STRADERMailing Address 1234 Massachusetts Avenue NW
#524

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

982.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93889

Amount of Each Receipt this Period

51.71

Full Name (Last, First, Middle Initial)

B. ANDREA STRADERMailing Address 1234 Massachusetts Avenue NW
#524

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96177

Amount of Each Receipt this Period

51.71

Full Name (Last, First, Middle Initial)

C. TRACY STRAUSSER

Mailing Address 217 Driftwood Drive

City	State	Zip Code
Canonsburg	PA	15317

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93890

Amount of Each Receipt this Period

33.83

SUBTOTAL of Receipts This Page (optional)..... ▶

137.25

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 848 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. TRACY STRAUSSER</p> <p>Mailing Address 217 Driftwood Drive</p> <p>City Canonsburg State PA Zip Code 15317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 676.60</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.96178 </p> <p>Amount of Each Receipt this Period 33.83 </p>		
<p>Full Name (Last, First, Middle Initial) B. BARBARA STRUNGE</p> <p>Mailing Address P.O. Box 1068</p> <p>City Anoka State MN Zip Code 55303</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 264.00</p>			<p>Date of Receipt 10 / 26 / 2015 Transaction ID : SA11AI.96771 </p> <p>Amount of Each Receipt this Period 24.00 </p>		
<p>Full Name (Last, First, Middle Initial) C. MARY J. STUCKERT</p> <p>Mailing Address 814 S. Spring Street</p> <p>City Bucyrus State OH Zip Code 44820</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 420.00</p>			<p>Date of Receipt 10 / 02 / 2015 Transaction ID : SA11AI.94883 </p> <p>Amount of Each Receipt this Period 21.00 </p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>78.83</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 849 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARY J. STUCKERT Full Name (Last, First, Middle Initial) Mailing Address 814 S. Spring Street City Bucyrus State OH Zip Code 44820 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 441.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95225 Amount of Each Receipt this Period 21.00
B. MARY J. STUCKERT Full Name (Last, First, Middle Initial) Mailing Address 814 S. Spring Street City Bucyrus State OH Zip Code 44820 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95568 Amount of Each Receipt this Period 21.00
C. VALERIE STUCKEY Full Name (Last, First, Middle Initial) Mailing Address 26333 President Avenue City Harbor City State CA Zip Code 90710 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.94238 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			62.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 850 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VALERIE STUCKEY

Mailing Address 26333 President Avenue

City	State	Zip Code
Harbor City	CA	90710

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.94247

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. VALERIE STUCKEY

Mailing Address 26333 President Avenue

City	State	Zip Code
Harbor City	CA	90710

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94256

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ARLENE STURDIVANT

Mailing Address 6113 Kolb Street

City	State	Zip Code
Fairmont Heights	MD	20743

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93891

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 851 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ARLENE STURDIVANT

Mailing Address 6113 Kolb Street

City

Fairmont Heights

State

MD

Zip Code

20743

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96179

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. AMANDA K. STYS

Mailing Address 2474 S. Kinnickinnic Avenue

City

Milwaukee

State

WI

Zip Code

53207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.93892

Amount of Each Receipt this Period

30.12

Full Name (Last, First, Middle Initial)

C. AMANDA K. STYS

Mailing Address 2474 S. Kinnickinnic Avenue

City

Milwaukee

State

WI

Zip Code

53207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.96180

Amount of Each Receipt this Period

30.12

SUBTOTAL of Receipts This Page (optional)..... ►

95.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 852 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WANDA M. SUBER Full Name (Last, First, Middle Initial) Mailing Address 805 Broderick Drive City Oxon Hill State MD Zip Code 20745 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF ACCOUNTANT III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 703.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93893 Amount of Each Receipt this Period 37.00
B. WANDA M. SUBER Full Name (Last, First, Middle Initial) Mailing Address 805 Broderick Drive City Oxon Hill State MD Zip Code 20745 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation STAFF ACCOUNTANT III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 740.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96181 Amount of Each Receipt this Period 37.00
C. MICHAEL E. SUKAL Full Name (Last, First, Middle Initial) Mailing Address 18033 Mill Creek Drive City Derwood State MD Zip Code 20855 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1541.47		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93894 Amount of Each Receipt this Period 81.13
SUBTOTAL of Receipts This Page (optional)..... ▶		155.13
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 853 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL E. SUKAL Full Name (Last, First, Middle Initial) Mailing Address 18033 Mill Creek Drive City Derwood State MD Zip Code 20855 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1622.60			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96182 Amount of Each Receipt this Period 81.13
B. MARY E. SULLIVAN Full Name (Last, First, Middle Initial) Mailing Address 1880 9th Avenue City Watervliet State NY Zip Code 12189 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1450.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97995 Amount of Each Receipt this Period 25.00
C. MARY E. SULLIVAN Full Name (Last, First, Middle Initial) Mailing Address 1880 9th Avenue City Watervliet State NY Zip Code 12189 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1475.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.98007 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶			131.13
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 854 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARY E. SULLIVAN Full Name (Last, First, Middle Initial) Mailing Address 1880 9th Avenue City Watervliet State NY Zip Code 12189 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1575.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 30 / 2015 </div> Transaction ID : SA11AI.96235 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 100.00 </div>
B. SARA SUMMERS Full Name (Last, First, Middle Initial) Mailing Address 3418 Weyburn Court City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation NETWORK SERVICES TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 261.20			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 02 / 2015 </div> Transaction ID : SA11AI.94884 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 13.06 </div>
C. SARA SUMMERS Full Name (Last, First, Middle Initial) Mailing Address 3418 Weyburn Court City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation NETWORK SERVICES TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 274.26			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 16 / 2015 </div> Transaction ID : SA11AI.95226 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 13.06 </div>
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 126.12 </div>
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 855 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SARA SUMMERS

Mailing Address 3418 Weyburn Court

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

NETWORK SERVICES TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95569

Amount of Each Receipt this Period

13.06

Full Name (Last, First, Middle Initial)

B. SHIRLEY SUNDY

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94121

Amount of Each Receipt this Period

40.48

Full Name (Last, First, Middle Initial)

C. BRYAN K. SUTTON

Mailing Address 7481 S 25th Street

City	State	Zip Code
Kalamazoo	MI	49048

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25/LOCAL 1668

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97153

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

63.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 856 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL SVEDA

Mailing Address 439 Willow Circle

City

Allentown

State

PA

Zip Code

18102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

719.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.94122

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

B. STEPHANIE SWAN

Mailing Address 11850 S.E. Broyles Court

City

Clackamas

State

OR

Zip Code

97015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.97562

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. TERESA SWICK

Mailing Address 3630 L Street

City

Bakersfield

State

CA

Zip Code

93301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.97895

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

126.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 857 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ADAM SWIHART

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

323.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.96661

Amount of Each Receipt this Period

30.82

Full Name (Last, First, Middle Initial)

B. JAMES R. TACKETT

Mailing Address 517 S. High Street

City

Yellow Springs

State

OH

Zip Code

45387

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

692.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.96862

Amount of Each Receipt this Period

34.62

Full Name (Last, First, Middle Initial)

C. JAMES R. TACKETT

Mailing Address 517 S. High Street

City

Yellow Springs

State

OH

Zip Code

45387

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

727.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97007

Amount of Each Receipt this Period

34.62

SUBTOTAL of Receipts This Page (optional)..... ►

100.06

TOTAL This Period (last page this line number only)..... ►

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

2290.84

66.46

2357.30

66.46

617.00

90.00

222.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 859 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MOLLY M. TALLEY Full Name (Last, First, Middle Initial) Mailing Address 4084 Leap Road City Hilliard State OH Zip Code 43206 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 22 / 2015 </div> Transaction ID : SA11AI.97008 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10.00 </div>
B. ANN M. TANNER Full Name (Last, First, Middle Initial) Mailing Address 816 Wilder Avenue City Elyria State OH Zip Code 44035 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 634.00			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 09 / 2015 </div> Transaction ID : SA11AI.96864 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 29.20 </div>
C. ANN M. TANNER Full Name (Last, First, Middle Initial) Mailing Address 816 Wilder Avenue City Elyria State OH Zip Code 44035 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 663.20			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y Y </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 10 / 22 / 2015 </div> Transaction ID : SA11AI.97009 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 29.20 </div>
SUBTOTAL of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 68.40 </div>
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 860 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VERONICA M. TARLETON Full Name (Last, First, Middle Initial) Mailing Address 1374 Mailani Street City Hilo State HI Zip Code 96720 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.50			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97385 Amount of Each Receipt this Period 208.50
B. LAURA TARR Full Name (Last, First, Middle Initial) Mailing Address 2659 Rhodes Drive City Troy State MI Zip Code 48083 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25/MEMBER Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94189 Amount of Each Receipt this Period 21.00
C. SCOTT TAVEIRA Full Name (Last, First, Middle Initial) Mailing Address 8 Beacon Street City Boston State MA Zip Code 02108-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 329.50			Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.94279 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			51.85
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 861 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANETTE M. TAYLOR

Mailing Address 1803 Cardigan Street

City	State	Zip Code
Niles	OH	44446

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95227

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ANETTE M. TAYLOR

Mailing Address 1803 Cardigan Street

City	State	Zip Code
Niles	OH	44446

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95570

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JANEEN D. TAYLOR

Mailing Address 1428 Hartford Avenue

City	State	Zip Code
Akron	OH	44320

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97297

Amount of Each Receipt this Period

41.24

SUBTOTAL of Receipts This Page (optional)..... ►

61.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 862 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOE TAYLOR

Mailing Address 20614 Ridgewood Avenue

City	State	Zip Code
Warrensvl Hts	OH	44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95228

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JOE TAYLOR

Mailing Address 20614 Ridgewood Avenue

City	State	Zip Code
Warrensvl Hts	OH	44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95571

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. PATRICIA S. TAYLOR

Mailing Address 954 Gard Avenue

City	State	Zip Code
Dayton	OH	45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95229

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 863 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICIA S. TAYLOR

Mailing Address 954 Gard Avenue

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95572

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. TODD TAYLOR

Mailing Address P.O. Box 9457

City

Cedar Rapids

State

IA

Zip Code

52409

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96662

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MOHAMMED TEHRANI

Mailing Address 22110 Castleton Court

City

Boysds

State

MD

Zip Code

20841

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, NETWORK OPERA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93896

Amount of Each Receipt this Period

54.75

SUBTOTAL of Receipts This Page (optional)..... ►

104.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 864 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MOHAMMED TEHRANI Full Name (Last, First, Middle Initial) Mailing Address 22110 Castleton Court City State Zip Code Boyds MD 20841 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, NETWORK OPERA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1090.59			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96184 Amount of Each Receipt this Period 54.75
B. ANDREA K. TESCHLER Full Name (Last, First, Middle Initial) Mailing Address 136 Brookside Drive City State Zip Code Ashland OH 44805 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95230 Amount of Each Receipt this Period 10.00
C. ANDREA K. TESCHLER Full Name (Last, First, Middle Initial) Mailing Address 136 Brookside Drive City State Zip Code Ashland OH 44805 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95573 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			74.75
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. MARTHA W. THAMES</p> <p>Mailing Address 1981 Wiler Lane</p> <p>City Toledo State OH Zip Code 43611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation ORGANIZER II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 516.61</p>			<p>Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.93897 </p> <p>Amount of Each Receipt this Period 27.19 </p>	
<p>Full Name (Last, First, Middle Initial) B. MARTHA W. THAMES</p> <p>Mailing Address 1981 Wiler Lane</p> <p>City Toledo State OH Zip Code 43611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation ORGANIZER II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 544.01</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.96185 </p> <p>Amount of Each Receipt this Period 27.40 </p>	
<p>Full Name (Last, First, Middle Initial) C. LYNNE L. THATCHER</p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 202.02</p>			<p>Date of Receipt 10 / 15 / 2015 Transaction ID : SA11AI.96516 </p> <p>Amount of Each Receipt this Period 9.62 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>64.21</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 866 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LYNNE L. THATCHER

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SA11AI.96663

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. PHYLLIS THEDE

Mailing Address 2343 Hawthorne Court

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DAVENPORT CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.96664

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

C. PHYLLIS THEDE

Mailing Address 2343 Hawthorne Court

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DAVENPORT CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.96304

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

30.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 867 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PHYLLIS THEDE

Mailing Address 2343 Hawthorne Court

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DAVENPORT CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.94183

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

B. DAVID S. THEOBALD

Mailing Address 8007 Beavers Ridge Road

City

Piketon

State

OH

Zip Code

45661

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95231

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. DAVID S. THEOBALD

Mailing Address 8007 Beavers Ridge Road

City

Piketon

State

OH

Zip Code

45661

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95574

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 868 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WAYNE THILO Full Name (Last, First, Middle Initial) Mailing Address 22533 Welby Way City West Hills State CA Zip Code 91307 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.80			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.94257 Amount of Each Receipt this Period 10.00
B. GARY R. THOMANN Full Name (Last, First, Middle Initial) Mailing Address 22 Fairelm Lane City South Cheektowa State NY Zip Code 14227 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.98082 Amount of Each Receipt this Period 9.62
C. ARTHUR J. THOMAS Full Name (Last, First, Middle Initial) Mailing Address 405 Maplewood Street City Delta State OH Zip Code 43515 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/PIKE DELTA YORK Occupation BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.97010 Amount of Each Receipt this Period 19.24
SUBTOTAL of Receipts This Page (optional)..... ▶			38.86
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 869 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BARBARA A. THOMAS

Mailing Address 3185 Elmreeb Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

COMPUTER OPERATOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Transaction ID : SA11AI.94890

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

B. BARBARA A. THOMAS

Mailing Address 3185 Elmreeb Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

COMPUTER OPERATOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95232

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. BARBARA A. THOMAS

Mailing Address 3185 Elmreeb Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

COMPUTER OPERATOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95575

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

54.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 870 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. BETTY A. THOMAS</p> <p>Mailing Address 2006 Faycrest Drive</p> <p>City Cincinnati State OH Zip Code 45238</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 464.36</p>			<p>Date of Receipt 10 / 07 / 2015 Transaction ID : SA11AI.97209</p> <p>Amount of Each Receipt this Period 46.62</p>		
<p>Full Name (Last, First, Middle Initial) B. BETTY A. THOMAS</p> <p>Mailing Address 2006 Faycrest Drive</p> <p>City Cincinnati State OH Zip Code 45238</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 486.36</p>			<p>Date of Receipt 10 / 13 / 2015 Transaction ID : SA11AI.97299</p> <p>Amount of Each Receipt this Period 22.00</p>		
<p>Full Name (Last, First, Middle Initial) C. BONNIE L. THOMAS</p> <p>Mailing Address 343 31st Streer NW</p> <p>City Barberton State OH Zip Code 44203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 4/GREEN LSD Occupation CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.40</p>			<p>Date of Receipt 10 / 22 / 2015 Transaction ID : SA11AI.97011</p> <p>Amount of Each Receipt this Period 10.42</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>79.04</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 871 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DWAYNE A. THOMAS</p> <p>Mailing Address 8657 Williams Avenue</p> <p>City Philadelphia State PA Zip Code 19150</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME PA CN 33/CITY OF PA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2015 Transaction ID : SA11AI.97783</p> <p>Amount of Each Receipt this Period 2015 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. JOHN THOMAS</p> <p>Mailing Address 1034 N Washington Avenue</p> <p>City Lansing State MI Zip Code 48906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 495.04</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97077</p> <p>Amount of Each Receipt this Period 2015 29.12</p>	
<p>Full Name (Last, First, Middle Initial) C. JOHN THOMAS</p> <p>Mailing Address 1034 N Washington Avenue</p> <p>City Lansing State MI Zip Code 48906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 524.16</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97111</p> <p>Amount of Each Receipt this Period 2015 29.12</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2015 68.24</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>2015</p>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 872 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97154

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

B. MATTHEW THOMAS

Mailing Address 236 N Abington Road

City	State	Zip Code
Clarks Green	PA	18411

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94123

Amount of Each Receipt this Period

29.58

Full Name (Last, First, Middle Initial)

C. PATRICK S. THOMASSON

Mailing Address 1347 Marot Drive

City	State	Zip Code
Trotwood	OH	45427

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

LEAD STAFF ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.97300

Amount of Each Receipt this Period

65.70

SUBTOTAL of Receipts This Page (optional)..... ►

124.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 873 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRUCE E. THOMPSON Full Name (Last, First, Middle Initial) Mailing Address 531 Tanya Avenue NW City Massillon State OH Zip Code 44646 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94891 Amount of Each Receipt this Period 20.00
B. BRUCE E. THOMPSON Full Name (Last, First, Middle Initial) Mailing Address 531 Tanya Avenue NW City Massillon State OH Zip Code 44646 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95233 Amount of Each Receipt this Period 20.00
C. BRUCE E. THOMPSON Full Name (Last, First, Middle Initial) Mailing Address 531 Tanya Avenue NW City Massillon State OH Zip Code 44646 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95576 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶			60.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 874 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EUNICE C. THOMPSON

Mailing Address P.O. Box 267

City

Malvern

State

OH

Zip Code

44644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94892

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. EUNICE C. THOMPSON

Mailing Address P.O. Box 267

City

Malvern

State

OH

Zip Code

44644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95234

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. EUNICE C. THOMPSON

Mailing Address P.O. Box 267

City

Malvern

State

OH

Zip Code

44644

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95577

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 876 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT L. THOMPSON Full Name (Last, First, Middle Initial) Mailing Address 927 Gibbs Avenue, NE City Canton State OH Zip Code 44705-1074 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 889.88			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97301 Amount of Each Receipt this Period 89.34
B. WILLIAM R. THOMPSON Full Name (Last, First, Middle Initial) Mailing Address 8143 State Route 9 City Hanoverton State OH Zip Code 44423 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/UNITED LSD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97012 Amount of Each Receipt this Period 20.84
C. PETER THOR Full Name (Last, First, Middle Initial) Mailing Address 4 Betts Place City East Norwalk State CT Zip Code 06855-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 472.50			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97690 Amount of Each Receipt this Period 45.00
SUBTOTAL of Receipts This Page (optional)..... ▶			155.18
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 877 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES A. THORNTON SR.

Mailing Address 231 Allison Road

City

Dixonville

State

PA

Zip Code

15734

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.97493

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MONTY R. THORNTON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2015					

Transaction ID : SA11AI.96517

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. MONTY R. THORNTON

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			29			2015					

Transaction ID : SA11AI.96666

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

39.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 878 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHANA L. THORNTON Full Name (Last, First, Middle Initial) Mailing Address 710 Chippewa Square City Marquette State MI Zip Code 48955 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 615.57			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97079 Amount of Each Receipt this Period 36.21
B. SHANA L. THORNTON Full Name (Last, First, Middle Initial) Mailing Address 710 Chippewa Square City Marquette State MI Zip Code 48955 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.78			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.97113 Amount of Each Receipt this Period 36.21
C. SHANA L. THORNTON Full Name (Last, First, Middle Initial) Mailing Address 710 Chippewa Square City Marquette State MI Zip Code 48955 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 687.99			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97156 Amount of Each Receipt this Period 36.21
SUBTOTAL of Receipts This Page (optional)..... ▶			108.63
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 879 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GINGER THRASHER

Mailing Address 13807 Oink Joint Road

City	State	Zip Code
Wadena	MN	56482

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97657

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

B. JAMES V. THROWER

Mailing Address 7061 Kester Avenue

City	State	Zip Code
Van Nuys	CA	91405

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 36/LOCAL 685

Occupation

PROBATION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.94158

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. PAUL TIDMARSH

Mailing Address 1676 Larpenteur Avenue E.

City	State	Zip Code
St. Paul	MN	55109-4608

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.96772

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

118.80

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Aggregate Year-to-Date ▼

Month	Year-to-Date Sales
Jan	15
Feb	25
Mar	35
Apr	45
May	55
Jun	65
Jul	75
Aug	85
Sep	95
Oct	105
Nov	115
Dec	210.00

Aggregate Year-to-Date ▼

Month	Year-to-Date
1	100.00
2	120.00
3	110.00
4	130.00
5	140.00
6	150.00
7	160.00
8	170.00
9	180.00
10	190.00
11	200.00
12	220.00

Aggregate Year-to-Date ▼

Period	Sales
2017	210.00

35.00

[illegible]

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 882 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TAMARA L. TOCHER

Mailing Address 321 SE 19th Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1363.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96187

Amount of Each Receipt this Period

74.34

Full Name (Last, First, Middle Initial)

B. JONATHAN TOLAR

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

371.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94124

Amount of Each Receipt this Period

39.66

Full Name (Last, First, Middle Initial)

C. ADDLEY TOLE

Mailing Address 41628 Mountain View Place E

City

Gold Bar

State

WA

Zip Code

98251

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95978

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROSELLA P. TOPE

Mailing Address 9839 Oaklane Drive SE

City State Zip Code
Waynesburg OH 44688

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 4/SANDY VALLEY

Occupation
TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.06

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.97014

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. TOM TOSTI

Mailing Address 327 Lincoln Avenue

City State Zip Code
Bristol PA 19007

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME PA CN 13

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94125

Amount of Each Receipt this Period

121.56

Full Name (Last, First, Middle Initial)

C. DOROTHY L. TOWNSEND

Mailing Address 849 Cormac Drive

City State Zip Code
Riverdale GA 30296

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1389.93

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93900

Amount of Each Receipt this Period

74.04

SUBTOTAL of Receipts This Page (optional)..... ►

234.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 884 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOROTHY L. TOWNSEND

Mailing Address 849 Cormac Drive

City

Riverdale

State

GA

Zip Code

30296

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1463.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96188

Amount of Each Receipt this Period

74.04

Full Name (Last, First, Middle Initial)

B. NEAL E. TRACY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.96426

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. NEAL E. TRACY

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.96518

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

104.04

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NEAL E. TRACY

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/STATE OF IA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.96667

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. VON TREAS

Mailing Address 4031 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME PA CN 13

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.34

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.94126

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. JOSEPH B. TRELOAR

Mailing Address 741 Alpine Drive

City State Zip Code
Iowa City IA 52245

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME IA CN 61/DOCS

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.96305

Amount of Each Receipt this Period

10.41

SUBTOTAL of Receipts This Page (optional)..... ►

101.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 886 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOSEPH B. TRELOAR

Mailing Address 741 Alpine Drive

City	State	Zip Code
Iowa City	IA	52245

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.96668

Amount of Each Receipt this Period

10.41

Full Name (Last, First, Middle Initial)

B. RAYMOND L. TRICE JR

Mailing Address 25713 36th Place S

City	State	Zip Code
Kent	WA	98032

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/UNIV OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95793

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. RAYMOND L. TRICE JR

Mailing Address 25713 36th Place S

City	State	Zip Code
Kent	WA	98032

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/UNIV OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95979

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 887 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROB TROMBLEY

Mailing Address 7117 Marilyn NE

City	State	Zip Code
Albuquerque	NM	87109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NM CN 18

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.97591

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. ROBERT TROYER

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95794

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. ROBERT TROYER

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95980

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 888 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HARVEY E. TRUITT

Mailing Address 1180 Sportsman Road

City

Penn Run

State

PA

Zip Code

15765

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97496

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. JOHN TUCKERMailing Address 1150 N First Street
#101

City

San Jose

State

CA

Zip Code

95112

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA CN 57

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97871

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH A. TURNBOW

Mailing Address 4443 Libby Road NE

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95981

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ▶

88.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 889 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNIFER D. TURNER Full Name (Last, First, Middle Initial) Mailing Address 1339 S Pickaway Street City State Zip Code Circlevile OH 43113 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 4/FRANKLIN CNTY STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.48			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97015 Amount of Each Receipt this Period 41.68		
B. TIMM TWARDOSKI Full Name (Last, First, Middle Initial) Mailing Address 1897 Wooten Road City State Zip Code Helena MT 59602 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME MT CN 9 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.94191 Amount of Each Receipt this Period 50.00		
C. JOHN TWIFORD Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City State Zip Code Harrisburg PA 17111 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 656.16			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.94127 Amount of Each Receipt this Period 66.56		
SUBTOTAL of Receipts This Page (optional)..... ▶			158.24		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 890 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GARY L. TYLER

Mailing Address 420 West 45th Street

City
New YorkState Zip Code
NY 10036FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY CN 1707

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97766

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KAREN J. TYLER

Mailing Address 15 Milmarson Place NW

City
WashingtonState Zip Code
DC 20011FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, AUDITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1059.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93901

Amount of Each Receipt this Period

56.25

Full Name (Last, First, Middle Initial)

C. KAREN J. TYLER

Mailing Address 15 Milmarson Place NW

City
WashingtonState Zip Code
DC 20011FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, AUDITING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1116.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96189

Amount of Each Receipt this Period

56.25

SUBTOTAL of Receipts This Page (optional)..... ►

142.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 891 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES ULLMER Jr.

Mailing Address 6911 58th Avenue N.

City

Crystal

State

MN

Zip Code

55428-3411

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.96773

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

B. JOHN UMPHRESSMailing Address 1812 Centre Creek Drive
#310

City

Austin

State

TX

Zip Code

78754

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.97581

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MELINDA A. UPSHAW

Mailing Address 12097 Hazelhurst Drive

City

Cincinnati

State

OH

Zip Code

45240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EMPLOYER SERVICES SPECIALIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95237

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 892 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MELINDA A. UPSHAW

Mailing Address 12097 Hazelhurst Drive

City

Cincinnati

State

OH

Zip Code

45240

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EMPLOYER SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95580

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JOSE URIBEMailing Address 1707 Lindig Street
Apt. 7

City

St. Paul

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93902

Amount of Each Receipt this Period

23.63

Full Name (Last, First, Middle Initial)

C. JOSE URIBEMailing Address 1707 Lindig Street
Apt. 7

City

St. Paul

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96190

Amount of Each Receipt this Period

23.98

SUBTOTAL of Receipts This Page (optional)..... ►

57.61

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 893 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**A. BARBARA S. UWEKOOLANI**

Full Name (Last, First, Middle Initial)

Mailing Address 888 Mililani Street
Suite 601

City Honolulu State HI Zip Code 96813-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME HI LOC 152Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97392

Amount of Each Receipt this Period

24.00

B. KAREN VALENTINE

Full Name (Last, First, Middle Initial)

Mailing Address 702 Ponderosa Road

City Magnolia State DE Zip Code 19962

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME DE CN 81Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.93978

Amount of Each Receipt this Period

30.00

C. KAREN VALENTINE

Full Name (Last, First, Middle Initial)

Mailing Address 702 Ponderosa Road

City Magnolia State DE Zip Code 19962

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME DE CN 81Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97638

Amount of Each Receipt this Period

67.32

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

121.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 894 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARL E. VANBIBBER

Mailing Address 1935 Tanglewood Drive S

City State Zip Code
 Ontario OH 44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95238

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. CARL E. VANBIBBER

Mailing Address 1935 Tanglewood Drive S

City State Zip Code
 Ontario OH 44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95581

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JOHN M. VANBUSKIRK

Mailing Address 430 Rose Marie Lane

City State Zip Code
 East Stroudsburg PA 18302

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.97499

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
--	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 896 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KAREN VAN HOOK

Mailing Address 3827 W. Irwin Ave

City

Phoenix

State

AZ

Zip Code

85041

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME AZ LOC 2960

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.97572

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SHERI S. VAN HORSENMailing Address 3900 E. Sunset Road
#2117

City

Las Vegas

State

NV

Zip Code

89120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

486.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.93903

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

C. SHERI S. VAN HORSENMailing Address 3900 E. Sunset Road
#2117

City

Las Vegas

State

NV

Zip Code

89120

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

521.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.96191

Amount of Each Receipt this Period

34.76

SUBTOTAL of Receipts This Page (optional)..... ►

89.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 897 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHRYN VANIER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

472.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94128

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

B. DONALD L. VAUGHAN

Mailing Address 7614 187th Avenue SW

City

Rochester

State

WA

Zip Code

98579

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

WORKERS COMPENSATION TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95795

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

C. DONALD L. VAUGHAN

Mailing Address 7614 187th Avenue SW

City

Rochester

State

WA

Zip Code

98579

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

WORKERS COMPENSATION TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95982

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 898 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL VERBUS

Mailing Address 2010 6th Street SW

City	State	Zip Code
Canton	OH	44706

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CANTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97211

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. MICHAEL VERBUS

Mailing Address 2010 6th Street SW

City	State	Zip Code
Canton	OH	44706

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/CANTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2015

Transaction ID : SA11AI.97302

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. LEONARDO VERGIL

Mailing Address 2201 Broadway Street

City	State	Zip Code
Oakland	CA	94612

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 3299/UNIV OF CA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.97940

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 899 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ANTHONY VERNELL</p> <p>Mailing Address 14 Meadow Lane</p> <p>City State Zip Code Athens OH 45701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.96865</p> <p>Amount of Each Receipt this Period 30.00</p>		
<p>Full Name (Last, First, Middle Initial) B. ANTHONY VERNELL</p> <p>Mailing Address 14 Meadow Lane</p> <p>City State Zip Code Athens OH 45701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 630.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015</p> <p>Transaction ID : SA11AI.97016</p> <p>Amount of Each Receipt this Period 30.00</p>		
<p>Full Name (Last, First, Middle Initial) C. JOEL E. VILLARREAL</p> <p>Mailing Address 1202 Pennsylvania Street NE</p> <p>City State Zip Code Albuquerque NM 87112</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME NM CN 18 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 205.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015</p> <p>Transaction ID : SA11AI.97809</p> <p>Amount of Each Receipt this Period 16.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>76.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TONY L. VILLHAUER Full Name (Last, First, Middle Initial) Mailing Address 155 Stanwyck Drive City Iowa City State IA Zip Code 52240 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.20			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.96428 Amount of Each Receipt this Period 10.41
B. TONY L. VILLHAUER Full Name (Last, First, Middle Initial) Mailing Address 155 Stanwyck Drive City Iowa City State IA Zip Code 52240 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.61			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.96520 Amount of Each Receipt this Period 10.41
C. TONY L. VILLHAUER Full Name (Last, First, Middle Initial) Mailing Address 155 Stanwyck Drive City Iowa City State IA Zip Code 52240 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.02			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2015 Transaction ID : SA11AI.96670 Amount of Each Receipt this Period 10.41
SUBTOTAL of Receipts This Page (optional)..... ▶			31.23
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 901 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ETHAN J.W. VOGEL

Mailing Address 300 Hardman Avenue South

City

South Saint Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.96774

Amount of Each Receipt this Period

42.10

Full Name (Last, First, Middle Initial)

B. SUSAN VOGEL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.96429

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. SUSAN VOGEL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.96521

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

84.10

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 902 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN VOGEL

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.96671

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. MARIANNE P. VON NORDECKMailing Address 3003 Van Ness Street NW
Apt. S1024

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93905

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. MARIANNE P. VON NORDECKMailing Address 3003 Van Ness Street NW
Apt. S1024

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96193

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN P. VRSALOVICH Full Name (Last, First, Middle Initial) Mailing Address 700 North Alameda Street Suite 2-219 City Los Angeles State CA Zip Code 90012 FEC ID number of contributing federal political committee. C Name of Employer AFSC;ME CA LOC 1001 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.97851 Amount of Each Receipt this Period 10.00
B. ANNIE WACKER Full Name (Last, First, Middle Initial) Mailing Address 326 S. 82nd Street City Milwaukee State WI Zip Code 53214 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 48/LOCAL 1954 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.97578 Amount of Each Receipt this Period 40.00
C. MELVIN H. WADE Full Name (Last, First, Middle Initial) Mailing Address 534 Gerritt City Philadelphia State PA Zip Code 19147 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97500 Amount of Each Receipt this Period 22.00
SUBTOTAL of Receipts This Page (optional)..... ▶		72.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 904 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NAMITA WAGHRAY

Mailing Address 28310 Center Ridge Road

City	State	Zip Code
Westlake	OH	44145

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93906

Amount of Each Receipt this Period

25.17

Full Name (Last, First, Middle Initial)

B. NAMITA WAGHRAY

Mailing Address 28310 Center Ridge Road

City	State	Zip Code
Westlake	OH	44145

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96194

Amount of Each Receipt this Period

25.17

Full Name (Last, First, Middle Initial)

C. JOHN G. WAGNER

Mailing Address 8 Beacon Street

City	State	Zip Code
Boston	MA	02108-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97942

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.34

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 906 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. JUDITH VIOLA WAHLBERG</p> <p>Mailing Address 5069 County Road</p> <p>City State Zip Code Mountain Iron MN 55768</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/ST LOUIS COUNTY CHILDCARE PROVIDER REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96775</p> <p>Amount of Each Receipt this Period 15.00</p>		
<p>Full Name (Last, First, Middle Initial) B. BRADLEY S. WALBORN</p> <p>Mailing Address 398 Western Avenue</p> <p>City State Zip Code Mechanicsburg OH 43044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95239</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) C. BRADLEY S. WALBORN</p> <p>Mailing Address 398 Western Avenue</p> <p>City State Zip Code Mechanicsburg OH 43044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95582</p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>35.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 907 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KIRK A. WALKER

Mailing Address 56 Orel Avenue

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94898

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. KIRK A. WALKER

Mailing Address 56 Orel Avenue

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95240

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. KIRK A. WALKER

Mailing Address 56 Orel Avenue

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95583

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 908 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NAOMI A. WALKER

Mailing Address 2229 First Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1860.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	5		2	0	1	5		

Transaction ID : SA11AI.93907

Amount of Each Receipt this Period

97.90

Full Name (Last, First, Middle Initial)

B. NAOMI A. WALKER

Mailing Address 2229 First Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.96195

Amount of Each Receipt this Period

97.90

Full Name (Last, First, Middle Initial)

C. RUTH E. WALKER

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

Transaction ID : SA11AI.97394

Amount of Each Receipt this Period

20.85

SUBTOTAL of Receipts This Page (optional)..... ►

216.65

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 909 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANGELA M. WALLACE Full Name (Last, First, Middle Initial) Mailing Address 387 Chatterly Lane City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation GRANTS COORDINATOR 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95241 Amount of Each Receipt this Period 10.00
B. ANGELA M. WALLACE Full Name (Last, First, Middle Initial) Mailing Address 387 Chatterly Lane City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation GRANTS COORDINATOR 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95584 Amount of Each Receipt this Period 10.00
C. CARL D. WALLACE Full Name (Last, First, Middle Initial) Mailing Address 1984 Turkey Foot Road City Wheelersburg State OH Zip Code 45694 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95242 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶		30.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CARL D. WALLACE

Mailing Address 1984 Turkey Foot Road

City	State	Zip Code
Wheelersburg	OH	45694

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95585

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RUTH D. WALLAR

Mailing Address 64338 Woodgear Road

City	State	Zip Code
Creola	OH	45622

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94901

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. RUTH D. WALLAR

Mailing Address 64338 Woodgear Road

City	State	Zip Code
Creola	OH	45622

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95243

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 911 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RUTH D. WALLAR

Mailing Address 64338 Woodgear Road

City

Creola

State

OH

Zip Code

45622

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95586

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. PATRICIA J. WALLER

Mailing Address 33986 State Route 681 S

City

Albany

State

OH

Zip Code

45710

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/O'BLENESS MH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

239.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SA11AI.97304

Amount of Each Receipt this Period

9.50

Full Name (Last, First, Middle Initial)

C. ELIZABETH A. WALLS

Mailing Address 5 Northgate Drive

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MT. VERNON

Occupation

CUSTODIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

559.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.96867

Amount of Each Receipt this Period

29.23

SUBTOTAL of Receipts This Page (optional)..... ►

51.73

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 912 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ELIZABETH A. WALLS

Mailing Address 5 Northgate Drive

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MT. VERNON

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			22			2015					

Transaction ID : SA11AI.97017

Amount of Each Receipt this Period

29.23

Full Name (Last, First, Middle Initial)

B. KATHLEEN M. WALPOLE

Mailing Address 139 East Cayuga Street

City

Oswego

State

NY

Zip Code

13126

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			07			2015					

Transaction ID : SA11AI.97996

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. KATHLEEN M. WALPOLE

Mailing Address 139 East Cayuga Street

City

Oswego

State

NY

Zip Code

13126

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			21			2015					

Transaction ID : SA11AI.98008

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

67.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 913 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. LORRIE L. WALTON</p> <p>Mailing Address 604 S Rock Street</p> <p>City State Zip Code Centralia WA 98531</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/COMM COLLEGE STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt 10 / 26 / 2015 Transaction ID : SA11AI.95983</p> <p>Amount of Each Receipt this Period 10.50</p>	
<p>Full Name (Last, First, Middle Initial) B. BARBARA J. WARD</p> <p>Mailing Address 13975 State Route 7</p> <p>City State Zip Code Proctorville OH 45669</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/FAIRLAND LSD BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 455.96</p>			<p>Date of Receipt 10 / 09 / 2015 Transaction ID : SA11AI.96906</p> <p>Amount of Each Receipt this Period 20.84</p>	
<p>Full Name (Last, First, Middle Initial) C. BARBARA J. WARD</p> <p>Mailing Address 13975 State Route 7</p> <p>City State Zip Code Proctorville OH 45669</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/FAIRLAND LSD BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 476.80</p>			<p>Date of Receipt 10 / 22 / 2015 Transaction ID : SA11AI.97019</p> <p>Amount of Each Receipt this Period 20.84</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>52.18</p> <p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 914 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DUSTIN J. WARD</p> <p>Mailing Address 33227 Old Dixon Road</p> <p>City State Zip Code Mc Arthur OH 45651</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95244</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DUSTIN J. WARD</p> <p>Mailing Address 33227 Old Dixon Road</p> <p>City State Zip Code Mc Arthur OH 45651</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95587</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. JAMES A. WARD</p> <p>Mailing Address 5692 Northpointe Parkway</p> <p>City State Zip Code Lorain OH 44053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/LORAIN COUNTY SOCIAL SERVICE AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.97020</p> <p>Amount of Each Receipt this Period 42.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>62.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 915 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. KENNALE W. WARD</p> <p>Mailing Address 1829 Bluefield Place</p> <p>City State Zip Code Cincinnati OH 45237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 203.00</p>			<p>Date of Receipt 10 / 02 / 2015 Transaction ID : SA11AI.94903</p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>Full Name (Last, First, Middle Initial) B. KENNALE W. WARD</p> <p>Mailing Address 1829 Bluefield Place</p> <p>City State Zip Code Cincinnati OH 45237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 216.00</p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95245</p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>Full Name (Last, First, Middle Initial) C. KENNALE W. WARD</p> <p>Mailing Address 1829 Bluefield Place</p> <p>City State Zip Code Cincinnati OH 45237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.00</p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95588</p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>39.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 916 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WALLACE E. WARD

Mailing Address 1175 E Choctaw Drive

City State Zip Code
London OH 43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95246

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. WALLACE E. WARD

Mailing Address 1175 E Choctaw Drive

City State Zip Code
London OH 43140

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95589

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MICHELLE L. WARD-MOWERY

Mailing Address 6155 Cornell Blvd.

City State Zip Code
N Ridgeville OH 44039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94905

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

34.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 917 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHELLE L. WARD-MOWERY

Mailing Address 6155 Cornell Blvd.

City

N Ridgeville

State

OH

Zip Code

44039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

Transaction ID : SA11AI.95247

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. MICHELLE L. WARD-MOWERY

Mailing Address 6155 Cornell Blvd.

City

N Ridgeville

State

OH

Zip Code

44039

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			30			2015					

Transaction ID : SA11AI.95590

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. ANDREA WARREN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.95797

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

43.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 918 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDREA WARREN

Mailing Address 1212 Jefferson Street SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95984

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. DAVID WARRICK

Mailing Address 2638 Jay Court

City

Indianapolis

State

IN

Zip Code

46229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD CORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

889.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93908

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

C. DAVID WARRICK

Mailing Address 2638 Jay Court

City

Indianapolis

State

IN

Zip Code

46229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD CORDINATOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

936.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96196

Amount of Each Receipt this Period

46.80

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

108.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 919 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDRE' J. WASHINGTON

Mailing Address 45 Knollwood Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96868

Amount of Each Receipt this Period

39.15

Full Name (Last, First, Middle Initial)

B. ANDRE' J. WASHINGTON

Mailing Address 45 Knollwood Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97021

Amount of Each Receipt this Period

39.26

Full Name (Last, First, Middle Initial)

C. JACQUELYN M. WATKINS

Mailing Address 1566 Smith Road

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95591

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

89.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 920 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL G WATSON

Mailing Address 1003 Yew Ave

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA RET CHPT 10

Occupation

RETIREE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.94154

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. THOMAS WATSON

Mailing Address 121 Hallston Rd

City

Slippery Rock

State

PA

Zip Code

16057

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97523

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. GERALD L. WAUGH

Mailing Address 43 N Roys Avenue

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95249

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 921 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GERALD L. WAUGH

Mailing Address 43 N Roys Avenue

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95592

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. JO ANN WAUGH

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94129

Amount of Each Receipt this Period

76.12

Full Name (Last, First, Middle Initial)

C. LONITA M. WAYBRIGHT

Mailing Address 3929 Whitemarsh Lane

City	State	Zip Code
Edgewater	MD	21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93910

Amount of Each Receipt this Period

61.83

SUBTOTAL of Receipts This Page (optional)..... ►

147.95

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 922 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LONITA M. WAYBRIGHT

Mailing Address 3929 Whitemarsh Lane

City	State	Zip Code
Edgewater	MD	21037

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1221.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96198

Amount of Each Receipt this Period

61.83

Full Name (Last, First, Middle Initial)

B. DONITA WEATHERSPOON

Mailing Address 6156 Hanby Square E

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION CORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94908

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. DONITA WEATHERSPOON

Mailing Address 6156 Hanby Square E

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION CORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95250

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

89.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 923 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DONITA WEATHERSPOON</p> <p>Mailing Address 6156 Hanby Square E</p> <p>City State Zip Code Columbus OH 43229</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRANSPORTATION CORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 308.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95593</p> <p>Amount of Each Receipt this Period 14.00</p>	
<p>Full Name (Last, First, Middle Initial) B. BRENDA S. WEAVER</p> <p>Mailing Address 114 West Drive</p> <p>City State Zip Code Gallipolis OH 45631</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/GALLIPOLIS CITY SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 404.04</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.96907</p> <p>Amount of Each Receipt this Period 19.24</p>	
<p>Full Name (Last, First, Middle Initial) C. BRENDA S. WEAVER</p> <p>Mailing Address 114 West Drive</p> <p>City State Zip Code Gallipolis OH 45631</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/GALLIPOLIS CITY SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 423.28</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015</p> <p>Transaction ID : SA11AI.97022</p> <p>Amount of Each Receipt this Period 19.24</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>52.48</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 924 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. DEBORAH L. WEAVER</p> <p>Mailing Address 15318 Judson Drive</p> <p>City Cleveland State OH Zip Code 44128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015</p> <p>Transaction ID : SA11AI.95251</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) B. DEBORAH L. WEAVER</p> <p>Mailing Address 15318 Judson Drive</p> <p>City Cleveland State OH Zip Code 44128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015</p> <p>Transaction ID : SA11AI.95594</p> <p>Amount of Each Receipt this Period 10.00</p>	
<p>Full Name (Last, First, Middle Initial) C. KIMBERLY A. WEAVER</p> <p>Mailing Address 702 6th Avenue</p> <p>City Sheldon State IA Zip Code 51201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 470.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015</p> <p>Transaction ID : SA11AI.96430</p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			45.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

✗	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHERRY L. WEBB-GREER

Mailing Address 4661 Janis Drive

City State Zip Code
 Columbus OH 43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BUDGET ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11AI.94910

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. SHERRY L. WEBB-GREER

Mailing Address 4661 Janis Drive

City State Zip Code
 Columbus OH 43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BUDGET ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.95252

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. SHERRY L. WEBB-GREER

Mailing Address 4661 Janis Drive

City State Zip Code
 Columbus OH 43227

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

BUDGET ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.95595

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 927 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRIAN V. WEEKS

Mailing Address 1522 A Street NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1342.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93911

Amount of Each Receipt this Period

72.07

Full Name (Last, First, Middle Initial)

B. BRIAN V. WEEKS

Mailing Address 1522 A Street NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1414.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96200

Amount of Each Receipt this Period

72.07

Full Name (Last, First, Middle Initial)

C. RICHARD W. WEIDMAN

Mailing Address 512 McDonough Street

City

Sandusky

State

OH

Zip Code

44870

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LPN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95253

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

154.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 928 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD W. WEIDMAN Full Name (Last, First, Middle Initial) Mailing Address 512 McDonough Street City Sandusky State OH Zip Code 44870 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LPN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95596 Amount of Each Receipt this Period 10.00
B. JOSEPH W. WEIDNER Full Name (Last, First, Middle Initial) Mailing Address 255 Binns Boulevard City Columbus State OH Zip Code 43204-2515 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation EDITOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 667.32		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.97305 Amount of Each Receipt this Period 67.00
C. MAXIMUS J. WEIKEL Full Name (Last, First, Middle Initial) Mailing Address 234 Smithtown Road City Pipersville State PA Zip Code 18947 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 383.34		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93912 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)..... ▶		97.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 929 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MAXIMUS J. WEIKEL

Mailing Address 234 Smithtown Road

City

Pipersville

State

PA

Zip Code

18947

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96201

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE WEINARD

Mailing Address 175 S Westminster Street

City

Iowa City

State

IA

Zip Code

52245

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.94202

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. JESSICA WEINSTEIN

Mailing Address 2662 Wild Turkey Lane

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2257.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93913

Amount of Each Receipt this Period

118.81

SUBTOTAL of Receipts This Page (optional)..... ►

168.81

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 930 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JESSICA WEINSTEIN

Mailing Address 2662 Wild Turkey Lane

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2376.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96202

Amount of Each Receipt this Period

118.81

Full Name (Last, First, Middle Initial)

B. TIM WELCHMailing Address 1212 Jefferson St. SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95985

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. SUSAN WELDON

Mailing Address 16 Fairfield Street

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP/LOCAL 521

Occupation

CONTROL ROOM OPERATOR II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94131

Amount of Each Receipt this Period

62.00

SUBTOTAL of Receipts This Page (optional)..... ▶

201.81

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 OF 1006
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. CHRISTOPHER RYAN WELLES</p> <p>Mailing Address 300 Hardman Avenue South</p> <p>City State Zip Code South St. Paul MN 55075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 565.84</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96776</p> <p>Amount of Each Receipt this Period 56.64</p>
<p>Full Name (Last, First, Middle Initial) B. KELLY WELLS</p> <p>Mailing Address 4650 Beard Road</p> <p>City State Zip Code Sunbury OH 43074</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 ACCOUNT CLERK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 545.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.96869</p> <p>Amount of Each Receipt this Period 25.00</p>
<p>Full Name (Last, First, Middle Initial) C. KELLY WELLS</p> <p>Mailing Address 4650 Beard Road</p> <p>City State Zip Code Sunbury OH 43074</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 ACCOUNT CLERK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.97023</p> <p>Amount of Each Receipt this Period 25.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		106.64
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 932 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MICHAEL J. WELLS

Mailing Address 20 Indian Wood Drive

City

Thornville

State

OH

Zip Code

43076

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.94912

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. MICHAEL J. WELLS

Mailing Address 20 Indian Wood Drive

City

Thornville

State

OH

Zip Code

43076

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95254

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

C. MICHAEL J. WELLS

Mailing Address 20 Indian Wood Drive

City

Thornville

State

OH

Zip Code

43076

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95597

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 933 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROSETTA WELLS

Mailing Address 5065 Hannan Trace Road

City	State	Zip Code
Patriot	OH	45658

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94913

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ROSETTA WELLS

Mailing Address 5065 Hannan Trace Road

City	State	Zip Code
Patriot	OH	45658

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95255

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. ROSETTA WELLS

Mailing Address 5065 Hannan Trace Road

City	State	Zip Code
Patriot	OH	45658

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95598

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 934 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. WENDY S. WELLS

Mailing Address 1006 West Long Avenue

City

DuBois

State

PA

Zip Code

15801

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	5

Transaction ID : SA11AI.97503

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. EUGENE G. WELTER

Mailing Address 707 17th Avenue

City

Gilbertville

State

IA

Zip Code

50634

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	5

Transaction ID : SA11AI.96673

Amount of Each Receipt this Period

20.82

Full Name (Last, First, Middle Initial)

C. NICHOLE M. WENTZLAFF

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	5

Transaction ID : SA11AI.96777

Amount of Each Receipt this Period

93.54

SUBTOTAL of Receipts This Page (optional)..... ►

154.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 935 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN P. WESTMORELAND

Mailing Address 4678 West Road

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.96778

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. JAMES RANDAL WESTON

Mailing Address 1495 Irvin - Shoots Road

City

Morral

State

OH

Zip Code

43337

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.96870

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. JAMES RANDAL WESTON

Mailing Address 1495 Irvin - Shoots Road

City

Morral

State

OH

Zip Code

43337

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.97024

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 936 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. COLLEEN J. WHEATON Full Name (Last, First, Middle Initial) Mailing Address 768 East Hill Road City South Colton State NY Zip Code 13687 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2015 Transaction ID : SA11AI.98084 Amount of Each Receipt this Period 9.62
B. ROBERT WHEATON Full Name (Last, First, Middle Initial) Mailing Address 725 NE 80th Avenue City Portland State OR Zip Code 97213 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97564 Amount of Each Receipt this Period 21.00
C. SANDRA L. WHEELER Full Name (Last, First, Middle Initial) Mailing Address W Hazel Avenue City Lima State OH Zip Code 45801 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/LIMA CSD Occupation SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.28		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.97025 Amount of Each Receipt this Period 38.48
SUBTOTAL of Receipts This Page (optional)..... ▶		69.10
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 937 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAMELA R. WHETSEL Full Name (Last, First, Middle Initial) Mailing Address 2005 12th Street City Altoona State PA Zip Code 16601 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97505 Amount of Each Receipt this Period 20.00
B. TERRI M. WHISMAN Full Name (Last, First, Middle Initial) Mailing Address 8121 Taylor Mill Road City Maysville State KY Zip Code 41056 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95256 Amount of Each Receipt this Period 10.00
C. TERRI M. WHISMAN Full Name (Last, First, Middle Initial) Mailing Address 8121 Taylor Mill Road City Maysville State KY Zip Code 41056 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HOSPITAL AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95599 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)..... ▶			40.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 938 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. FREDERICK M. WHITE</p> <p>Mailing Address 1039 Lupine Court</p> <p>City Reynoldsburg State OH Zip Code 43068</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00 </p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95257 </p> <p>Amount of Each Receipt this Period 10.00 </p>	
<p>Full Name (Last, First, Middle Initial) B. FREDERICK M. WHITE</p> <p>Mailing Address 1039 Lupine Court</p> <p>City Reynoldsburg State OH Zip Code 43068</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 220.00 </p>			<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95600 </p> <p>Amount of Each Receipt this Period 10.00 </p>	
<p>Full Name (Last, First, Middle Initial) C. KENNETH J. WHITE</p> <p>Mailing Address 137 Wisconsin</p> <p>City Elyria State OH Zip Code 44035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 210.00 </p>			<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95258 </p> <p>Amount of Each Receipt this Period 10.00 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			30.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 939 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KENNETH J. WHITE

Mailing Address 137 Wisconsin

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95601

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. RITA A. WHITE

Mailing Address P.O. Box 49

City

Crown City

State

OH

Zip Code

45623

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95259

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. RITA A. WHITE

Mailing Address P.O. Box 49

City

Crown City

State

OH

Zip Code

45623

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.95602

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 940 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT J. WHITE

Mailing Address 939 Province Lane

City

Mansfield

State

OH

Zip Code

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95260

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ROBERT J. WHITE

Mailing Address 939 Province Lane

City

Mansfield

State

OH

Zip Code

44906

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95603

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBIN WHITE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.96674

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 941 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TAMARA V. WHITE

Mailing Address 3355 Alden Place NE

City

Washington

State

DC

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93914

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

B. TAMARA V. WHITE

Mailing Address 3355 Alden Place NE

City

Washington

State

DC

Zip Code

20019

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

739.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96203

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

C. DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97080

Amount of Each Receipt this Period

29.47

SUBTOTAL of Receipts This Page (optional)..... ►

103.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 942 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2015			

Transaction ID : SA11AI.97114

Amount of Each Receipt this Period

29.47

Full Name (Last, First, Middle Initial)

B. DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2015			

Transaction ID : SA11AI.97157

Amount of Each Receipt this Period

29.47

Full Name (Last, First, Middle Initial)

C. BRYCE WICKSTROM

Mailing Address 1267 Matilda Street

City

St. Paul

State

MN

Zip Code

55117-4473

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

RECORDING SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.96779

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional)..... ►

218.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 943 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANN E. WIDGER

Mailing Address 1205 Morse Street NE
Unit 3

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1206.91

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93915

Amount of Each Receipt this Period

63.53

Full Name (Last, First, Middle Initial)

B. ANN E. WIDGER

Mailing Address 1205 Morse Street NE
Unit 3

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1270.44

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96204

Amount of Each Receipt this Period

63.53

Full Name (Last, First, Middle Initial)

C. CARNELL WILDER

Mailing Address 1401 JF Kennedy Blvd.

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 47/CITY OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.97785

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

137.06

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 944 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM WILKINSON Full Name (Last, First, Middle Initial) Mailing Address 5272 Bradgen Court City Springfield State VA Zip Code 22151 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, RESEARCH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.25			Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93916 Amount of Each Receipt this Period 54.75
B. WILLIAM WILKINSON Full Name (Last, First, Middle Initial) Mailing Address 5272 Bradgen Court City Springfield State VA Zip Code 22151 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, RESEARCH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1095.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96205 Amount of Each Receipt this Period 54.75
C. ANDREW WILLIAMS Full Name (Last, First, Middle Initial) Mailing Address 4320 NW Second Avenue City Des Moines State IA Zip Code 50313 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 468.40			Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2015 Transaction ID : SA11AI.96675 Amount of Each Receipt this Period 44.84
SUBTOTAL of Receipts This Page (optional)..... ▶			154.34
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 945 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DARLENE M. WILLIAMS

Mailing Address 4078 Klepinger Road

City

Dayton

State

OH

Zip Code

45416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95261

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. DARLENE M. WILLIAMS

Mailing Address 4078 Klepinger Road

City

Dayton

State

OH

Zip Code

45416

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95604

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. FRANK WILLIAMSMailing Address 1212 Jefferson St., SE
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95986

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

30.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 946 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW B. WILLIAMS Full Name (Last, First, Middle Initial) Mailing Address 260 Washington Avenue City London State OH Zip Code 43140 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 203.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2015 Transaction ID : SA11AI.94920 Amount of Each Receipt this Period 13.00
B. MATTHEW B. WILLIAMS Full Name (Last, First, Middle Initial) Mailing Address 260 Washington Avenue City London State OH Zip Code 43140 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95262 Amount of Each Receipt this Period 13.00
C. MATTHEW B. WILLIAMS Full Name (Last, First, Middle Initial) Mailing Address 260 Washington Avenue City London State OH Zip Code 43140 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 229.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95605 Amount of Each Receipt this Period 13.00
SUBTOTAL of Receipts This Page (optional)..... ▶			39.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 947 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MELVIN M. WILLIAMS

Mailing Address 583 Dunlap Road

City	State	Zip Code
Portsmouth	OH	45662

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH CN 8/PORTSMOUTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.97213

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

B. MELVIN M. WILLIAMS

Mailing Address 583 Dunlap Road

City	State	Zip Code
Portsmouth	OH	45662

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH CN 8/PORTSMOUTH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.97306

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

C. MICHAEL A. WILLIAMS

Mailing Address 1622 Miles Street

City	State	Zip Code
Logansport	IN	46947

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IN CN 962/STATE OF IN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97627

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

30.84

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. ORSON WILLIAMS</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 209.00</p>			<p>Date of Receipt 10 / 09 / 2015</p> <p>Transaction ID : SA11AI.95799</p> <p>Amount of Each Receipt this Period 11.00</p>		
<p>Full Name (Last, First, Middle Initial) B. ORSON WILLIAMS</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt 10 / 26 / 2015</p> <p>Transaction ID : SA11AI.95987</p> <p>Amount of Each Receipt this Period 11.00</p>		
<p>Full Name (Last, First, Middle Initial) C. ROBERT WILLIAMS</p> <p>Mailing Address 197 S Ukiah Way</p> <p>City Upland State CA Zip Code 91786</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 326.00</p>			<p>Date of Receipt 10 / 01 / 2015</p> <p>Transaction ID : SA11AI.94240</p> <p>Amount of Each Receipt this Period 20.50</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			42.50		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 949 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT WILLIAMS

Mailing Address 197 S Ukiah Way

City

Upland

State

CA

Zip Code

91786

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : SA11AI.94249

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ROBERT WILLIAMS

Mailing Address 197 S Ukiah Way

City

Upland

State

CA

Zip Code

91786

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME CA LOC 1902

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

Transaction ID : SA11AI.94258

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. CHARLES H. WILLIAMSON

Mailing Address 162 South Street

City

Minford

State

OH

Zip Code

45653

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SA11AI.94921

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 950 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CHARLES H. WILLIAMSON

Mailing Address 162 South Street

City

Minford

State

OH

Zip Code

45653

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	6		2	0	1	5		

Transaction ID : SA11AI.95263

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. CHARLES H. WILLIAMSON

Mailing Address 162 South Street

City

Minford

State

OH

Zip Code

45653

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	0		2	0	1	5		

Transaction ID : SA11AI.95606

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. GARY WILLIS

Mailing Address 979 Cypress Ridge Place

City

Columbus

State

OH

Zip Code

43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	2		2	0	1	5		

Transaction ID : SA11AI.94922

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

73.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 951 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GARY WILLIS

Mailing Address 979 Cypress Ridge Place

City	State	Zip Code
Columbus	OH	43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95264

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. GARY WILLIS

Mailing Address 979 Cypress Ridge Place

City	State	Zip Code
Columbus	OH	43228

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95607

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. AMANDA M. WILSON

Mailing Address 810 5th Street S.

City	State	Zip Code
Virginia	MN	55792

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.97658

Amount of Each Receipt this Period

56.34

SUBTOTAL of Receipts This Page (optional)..... ►

82.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 952 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GLORIA A. WILSON

Mailing Address 4956 Woodbriar Place

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95265

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. GLORIA A. WILSON

Mailing Address 4956 Woodbriar Place

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95608

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN A. WILSON

Mailing Address 405 Forest Hill Drive

City	State	Zip Code
Youngstown	OH	44515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AUSTINTOWN LSD

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.96908

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

29.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. KATHLEEN A. WILSON

Mailing Address 405 Forest Hill Drive

City

Youngstown

State

OH

Zip Code

44515

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AUSTINTOWN LSD

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.97026

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. RANDALL J. WILSON

Mailing Address 16 1/2 Elm Street

City

Warren

State

PA

Zip Code

16365

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.94132

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

C. SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.95800

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)..... ►

73.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 954 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City	State	Zip Code
Lacey	WA	98503

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11AI.95988

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

B. SHAWN WILSON

Mailing Address 445 Linden Street

City	State	Zip Code
Reading	PA	19604

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97508

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. TRACY WILSONMailing Address 1212 Jefferson St., SE
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.95801

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)..... ►

64.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 955 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TRACY WILSON

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28/STATE OF WA

Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95989

Amount of Each Receipt this Period

17.50

Full Name (Last, First, Middle Initial)

B. TROYCE T. WILSON

Mailing Address 348 e Pearl Street

City Toledo State OH Zip Code 43608

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
CLAIMS EXAMINER 11

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95266

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TROYCE T. WILSON

Mailing Address 348 e Pearl Street

City Toledo State OH Zip Code 43608

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
CLAIMS EXAMINER 11

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95609

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

37.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 956 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VALRINE WILSON Full Name (Last, First, Middle Initial) Mailing Address 6060 Yosemite Drive City Cincinnati State OH Zip Code 45237 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95267 Amount of Each Receipt this Period 10.00
B. VALRINE WILSON Full Name (Last, First, Middle Initial) Mailing Address 6060 Yosemite Drive City Cincinnati State OH Zip Code 45237 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95610 Amount of Each Receipt this Period 10.00
C. ROBIN WINDHAUSEN Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95990 Amount of Each Receipt this Period 10.50
SUBTOTAL of Receipts This Page (optional)..... ▶			30.50
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 957 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIFFANY B. WINFIELD Full Name (Last, First, Middle Initial) Mailing Address 833 Fairwood Avenue City Columbus State OH Zip Code 43205 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95268 Amount of Each Receipt this Period 10.00
B. TIFFANY B. WINFIELD Full Name (Last, First, Middle Initial) Mailing Address 833 Fairwood Avenue City Columbus State OH Zip Code 43205 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95611 Amount of Each Receipt this Period 10.00
C. BRUCE H. WITHAM Full Name (Last, First, Middle Initial) Mailing Address 1329 S. 96th Street City Tacoma State WA Zip Code 98444 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95803 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)..... ▶		50.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 958 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95991

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. KRISTIE WOLF-MALONEY

Mailing Address 4923C Haverford Road

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1021.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.94134

Amount of Each Receipt this Period

103.18

Full Name (Last, First, Middle Initial)

C. JENNIFER L. WOLFE

Mailing Address 700 Coshocton Avenue

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95269

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

143.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 959 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JENNIFER L. WOLFE

Mailing Address 700 Coshocton Avenue

City	State	Zip Code
Mount Vernon	OH	43050

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.95612

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. TIMOTHY J. WOLFORD

Mailing Address 4298 Sestos Drive

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11Al.95270

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY J. WOLFORD

Mailing Address 4298 Sestos Drive

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11Al.95613

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 960 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DARREN T. WONGMailing Address 1 Keahole Place
#1516

City	State	Zip Code
Honolulu	HI	96825

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97395

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. ARTHUR WOOD

Mailing Address 31062 Birchwood

City	State	Zip Code
Westland	MI	48185

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.97081

Amount of Each Receipt this Period

32.03

Full Name (Last, First, Middle Initial)

C. ARTHUR WOOD

Mailing Address 31062 Birchwood

City	State	Zip Code
Westland	MI	48185

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.97158

Amount of Each Receipt this Period

32.03

SUBTOTAL of Receipts This Page (optional)..... ▶

74.06

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 961 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) A. WILLIAM T. WOOD</p> <p>Mailing Address 6541 Blacks Road SW</p> <p>City Pataskala State OH Zip Code 43062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt 10 / 02 / 2015 Transaction ID : SA11AI.94929 </p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) B. WILLIAM T. WOOD</p> <p>Mailing Address 6541 Blacks Road SW</p> <p>City Pataskala State OH Zip Code 43062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 315.00</p>		<p>Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.95271 </p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) C. WILLIAM T. WOOD</p> <p>Mailing Address 6541 Blacks Road SW</p> <p>City Pataskala State OH Zip Code 43062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 330.00</p>		<p>Date of Receipt 10 / 30 / 2015 Transaction ID : SA11AI.95614 </p> <p>Amount of Each Receipt this Period 15.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		45.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 962 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHELBY L. WOODALL

Mailing Address 1006 Ironwood Circle

City

Akron

State

OH

Zip Code

44312

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SA11AI.97308

Amount of Each Receipt this Period

63.90

Full Name (Last, First, Middle Initial)

B. TERRY WOODROW

Mailing Address 4-C Winding Way

City

Westville

State

NJ

Zip Code

08093-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NJ CN 52

Occupation

SECURITY OFFICER SGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.97604

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. EMMA WOODS

Mailing Address 9901 S Green Gate Lane

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

Transaction ID : SA11AI.95804

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. EMMA WOODS

Mailing Address 9901 S Green Gate Lane

City State Zip Code
Medical Lake WA 99022

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/COMM COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.95992

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. A DUFF WOODSIDE

Mailing Address 5051 Sandman Drive
Apt. 86

City State Zip Code
Taylor Mill KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.94930

Amount of Each Receipt this Period

23.36

Full Name (Last, First, Middle Initial)

C. A DUFF WOODSIDE

Mailing Address 5051 Sandman Drive
Apt. 86

City State Zip Code
Taylor Mill KY 41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.56

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95272

Amount of Each Receipt this Period

23.36

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 964 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. A DUFF WOODSIDEMailing Address 5051 Sandman Drive
Apt. 86

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95615

Amount of Each Receipt this Period

23.36

Full Name (Last, First, Middle Initial)

B. PAMELA WOOLUM

Mailing Address 2068 Entrada Drive

City	State	Zip Code
Beavercreek	OH	45431

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.97027

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. REBEKAH A. WRIGHT

Mailing Address 2634 Willowgate Road

City	State	Zip Code
Grove City	OH	43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95273

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

43.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 965 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. REBEKAH A. WRIGHT

Mailing Address 2634 Willowgate Road

City	State	Zip Code
Grove City	OH	43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

FOOD SERVICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.95616

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. VANESSA R. WRIGHT

Mailing Address P.O. Box 147

City	State	Zip Code
Bidwell	OH	45614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2015

Transaction ID : SA11AI.94932

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

C. VANESSA R. WRIGHT

Mailing Address P.O. Box 147

City	State	Zip Code
Bidwell	OH	45614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.95274

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ▶

42.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 966 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VANESSA R. WRIGHT

Mailing Address P.O. Box 147

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA11AI.95617

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

B. ANNETTE WUERTZ

Mailing Address 364 Jessamine Avenue E.

City

St. Paul

State

MN

Zip Code

55130-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.96780

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

C. MARI K. WYATT

Mailing Address 9344 54th Avenue S.

City

Seattle

State

WA

Zip Code

98118

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Transaction ID : SA11AI.95994

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)..... ►

50.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 967 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. STELLA WYMER

Mailing Address 7130 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYLVANIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.96909

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

B. STELLA WYMER

Mailing Address 7130 Yawberg Road

City

Whitehouse

State

OH

Zip Code

43571

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYLVANIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

403.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.97028

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. JEANETTE WYNN

Mailing Address 3064 Highland Oak Terrace

City

Tallahassee

State

FL

Zip Code

32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME FL CN 79

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

682.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.96238

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 968 OF 1006

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WAYNE J. YAMASAKI			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2015 Transaction ID : SA11AI.97397	
Mailing Address 1185 Kaeleku Street			Amount of Each Receipt this Period 50.00	
City Honolulu	State HI	Zip Code 96825-3007		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. ELIZABETH A. YANEZ			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95275	
Mailing Address 662 Spring valley Drive			Amount of Each Receipt this Period 10.00	
City Lewis Center	State OH	Zip Code 43035		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation DISABILITY CLAIMS CORD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. ELIZABETH A. YANEZ			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95618	
Mailing Address 662 Spring valley Drive			Amount of Each Receipt this Period 10.00	
City Lewis Center	State OH	Zip Code 43035		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation DISABILITY CLAIMS CORD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 969 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GETSEMANI YANEZ

Mailing Address 4907 Battery Lane
Unit 102

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.08

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.93917

Amount of Each Receipt this Period

22.72

Full Name (Last, First, Middle Initial)

B. GETSEMANI YANEZ

Mailing Address 4907 Battery Lane
Unit 102

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.80

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.96206

Amount of Each Receipt this Period

22.72

Full Name (Last, First, Middle Initial)

C. MELISSA R. YANK

Mailing Address 1290 Great Hunter Court

City State Zip Code
Grove City OH 43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SOFTWARE DEVELOPMENT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.95276

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 970 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MELISSA R. YANK Full Name (Last, First, Middle Initial) Mailing Address 1290 Great Hunter Court City State Zip Code Grove City OH 43123 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH SOFTWARE DEVELOPMENT TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95619 Amount of Each Receipt this Period 10.00
B. STEVEN YATES Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City State Zip Code Olympia WA 98501 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.95806 Amount of Each Receipt this Period 19.00
C. STEVEN YATES Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City State Zip Code Olympia WA 98501 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2015 Transaction ID : SA11AI.95995 Amount of Each Receipt this Period 19.00
SUBTOTAL of Receipts This Page (optional)..... ▶		48.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 971 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAUL L. YEAGER Full Name (Last, First, Middle Initial) Mailing Address 9150 Oyster Road City North Benton State OH Zip Code 44449 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 Transaction ID : SA11AI.95277 Amount of Each Receipt this Period 10.00
B. PAUL L. YEAGER Full Name (Last, First, Middle Initial) Mailing Address 9150 Oyster Road City North Benton State OH Zip Code 44449 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.95620 Amount of Each Receipt this Period 10.00
C. ROBERT B. YEANEY Full Name (Last, First, Middle Initial) Mailing Address 6800 N High Street City Worthington State OH Zip Code 43085 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8/DAYTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.81			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.97215 Amount of Each Receipt this Period 9.61
SUBTOTAL of Receipts This Page (optional)..... ▶			29.61
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 972 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROBERT B. YEANEY

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH CN 8/DAYTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.97309

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

B. CRYSTAL YINGER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.94135

Amount of Each Receipt this Period

51.14

Full Name (Last, First, Middle Initial)

C. AMY S. YOUNG

Mailing Address 737 1st Street

City

West Union

State

OH

Zip Code

45693

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTODIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.95278

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 973 OF 1006

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMY S. YOUNG

Mailing Address 737 1st Street

City

West Union

State

OH

Zip Code

45693

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTODIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.95621

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. PAMELA K. YOUNG

Mailing Address 1374 Mailani Street

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SA11AI.97399

Amount of Each Receipt this Period

20.85

Full Name (Last, First, Middle Initial)

C. SALLIE E. YOUNG

Mailing Address 6965 State Route 79

City

Chenango Forks

State

NY

Zip Code

13746

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS ADMIN.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.98085

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

40.47

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 974 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. FREDERICK A. YUNGBLUTH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.97565	
Mailing Address 11513 SE Aquila Street City Happy Valley State OR Zip Code 97086		Amount of Each Receipt this Period 39.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OR CN 75/STATE OF OR Occupation COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 351.00	
Full Name (Last, First, Middle Initial) B. SUZANNE ZAKARIA		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015 Transaction ID : SA11AI.93918	
Mailing Address 2950 Van Ness Street NW Apt. 230 City Washington State DC Zip Code 20008		Amount of Each Receipt this Period 26.13	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.63	
Full Name (Last, First, Middle Initial) C. SUZANNE ZAKARIA		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : SA11AI.96207	
Mailing Address 2950 Van Ness Street NW Apt. 230 City Washington State DC Zip Code 20008		Amount of Each Receipt this Period 26.13	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 357.76	
SUBTOTAL of Receipts This Page (optional)..... ▶		91.26	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 975 OF 1006

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CAROL ANN E. ZAVARELLA-VASTAMailing Address 14 Dove Court
#8-0

City	State	Zip Code
Cronton Hudson	NY	10520

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/WESTCHESTER

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

Transaction ID : SA11AI.97979

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. DON ZAVODNY

Mailing Address 9801 West O Street

City	State	Zip Code
Lincoln	NE	68528

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.93919

Amount of Each Receipt this Period

49.56

Full Name (Last, First, Middle Initial)

C. DON ZAVODNY

Mailing Address 9801 West O Street

City	State	Zip Code
Lincoln	NE	68528

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.96208

Amount of Each Receipt this Period

49.56

SUBTOTAL of Receipts This Page (optional)..... ►

108.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 976 OF 1006
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JANE ZIMMER

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

Transaction ID : SA11AI.95996

Amount of Each Receipt this Period

22.50

Full Name (Last, First, Middle Initial)

B. MATTHEW D. ZUVICH

Mailing Address 720 Mox-Chehalis Road

City	State	Zip Code
McCleary	WA	98557

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LOBBYIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SA11AI.98024

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. MATTHEW D. ZUVICH

Mailing Address 720 Mox-Chehalis Road

City	State	Zip Code
McCleary	WA	98557

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LOBBYIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.95673

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

67.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 OF 1006

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATTHEW D. ZUVICH

Mailing Address 720 Mox-Chehalis Road

City

McCleary

State

WA

Zip Code

98557

FEC ID number of contributing
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LOBBYIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Transaction ID : SA11AI.95997

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

5.00

TOTAL This Period (last page this line number only)..... ►

84586.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 978 OF 1006

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City State Zip Code
New York NY 10007

FEC ID number of contributing
federal political committee.

C C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495360.78

Date of Receipt

10 / 14 / 2015

Transaction ID : SA12.94286

Amount of Each Receipt this Period

50998.55

Transfer

B. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City State Zip Code
New York NY 10007

FEC ID number of contributing
federal political committee.

C C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596432.11

Date of Receipt

10 / 26 / 2015

Transaction ID : SA12.94287

Amount of Each Receipt this Period

101071.33

Transfer

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

152069.88

152069.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 979 OF 1006
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK

Mailing Address 275 Seventh Avenue

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4956.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2015			

Transaction ID : SA17.94293

Amount of Each Receipt this Period

793.73

Interest Income 10/30/2015

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

793.73

TOTAL This Period (last page this line number only)..... ►

793.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 981 OF 1006

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB21B.94317

Amount of Each Disbursement this Period

3.71

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SB21B.94318

Amount of Each Disbursement this Period

1.23

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SB21B.93974

Amount of Each Disbursement this Period

0.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5.38

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.94139

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	0.87%

B. BART GROUP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.94140

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Response	Percentage of respondents
U.S. should do more to help the environment	96.80

C. BART GROUP

Date of Disbursement

Transaction ID : SB21B.94141

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

183.34

281.01

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. FIS MERCHANT SERVICES-LL

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

District:

Transaction ID : SB21B.94142

Amount of Each Disbursement this Period

248.07

B. PAYPAL INC.

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

District:

Transaction ID : SB21B.94143

Amount of Each Disbursement this Period

139.85

C. WEPAY, INC.

Three digital displays showing the date 10/27/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '27' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

District:

Transaction ID : SB21B.94344

Amount of Each Disbursement this Period

0.62

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

388.54

704.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 984 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AFSCME INTERNATIONAL

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
In-Kind Contribution/TX/Polling Services

011

Candidate Name

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS FIREPAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.98110

Amount of Each Disbursement this Period

7036.45

Full Name (Last, First, Middle Initial)

B. ALAN LOWENTHAL FOR CONGRESSMailing Address 6380 Wilshire Blvd.
#1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
Contribution

011

Candidate Name

ALAN LOWENTHALCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94326

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. AL GREEN FOR CONGRESS

Mailing Address P.O. Box 56761

City	State	Zip Code
Houston	TX	77256

Purpose of Disbursement
Contribution

011

Candidate Name

ALEXANDER GREENCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93931

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10036.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 985 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL CMTE

Mailing Address P.O. Box 1242

City Tucson	State AZ	Zip Code 85702
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

RAUL M GRIJALVACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93930

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BECERRA FOR CONGRESS

Mailing Address P.O. Box 71584

City Los Angeles	State CA	Zip Code 90071
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

XAVIER BECERRACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94327

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS RECOUNT FUNDMailing Address 9281 Office Park Circle
Suite 154

City Elk Grove	State CA	Zip Code 95758
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution - void check from prior report

011

Candidate Name

AMERISH BERACategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 07

Recount

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94319

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 986 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Mailing Address 117 E Street SE
Unit B

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Transaction ID : SB23.94323

Amount of Each Disbursement this Period

1500.00

Candidate Name

ROBERT P JR CASEYCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Full Name (Last, First, Middle Initial)

B. BONNIE WATSON COLEMAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement
Contribution

011

Transaction ID : SB23.93932

Amount of Each Disbursement this Period

2500.00

Candidate Name

BONNIE WATSON COLEMANCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 12

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement
Contribution

011

Transaction ID : SB23.93933

Amount of Each Disbursement this Period

2500.00

Candidate Name

G K BUTTERFIELDCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CARTWRIGHT FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.94322

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: PA District: 17

Full Name (Last, First, Middle Initial)

B. CEDRIC RICHMOND FOR CONGRESS

Date of Disbursement

Three digital displays showing the date 10/29/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '29' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

Transaction ID : SB23.94321

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: LA District: 02

Full Name (Last, First, Middle Initial)
C. CITIZENS FOR RUSH

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows '10' with two small squares above it labeled 'M'. The second display shows '14' with two small squares above it labeled 'D'. The third display shows '2015' with four small squares above it labeled 'Y'. The displays are separated by slashes.

Transaction ID : SB23.93934

011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: IL District: 01

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 988 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CLAY, JR. FOR CONGRESS

Mailing Address P.O. Box 4544

City	State	Zip Code
Saint Louis	MO	63108

Purpose of Disbursement
Contribution

011

Candidate Name

WILLIAM LACY JR CLAY Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94328

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR A DEMOCRATIC FUTURE

Mailing Address 7240 Evans Mill Road

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Contribution - void check from prior report

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SB23.93920

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE FOR A DEMOCRATIC FUTURE

Mailing Address 7240 Evans Mill Road

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SB23.93921

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 989 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address P.O. Box 6162

City	State	Zip Code
Lakewood	CA	90714

Purpose of Disbursement
Contribution

011

Candidate Name

LINDA SANCHEZCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93935

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS

Mailing Address 315 Inspiration Lane

City	State	Zip Code
Gaithersburg	MD	20878

Purpose of Disbursement
Contribution

011

Candidate Name

NYDIA M VELAZQUEZCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94329

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
Contribution

011

Candidate Name

JOSEPH CROWLEYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93936

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 990 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
Contribution

Candidate Name

JOSEPH CROWLEYOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94330

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DAVID PRICE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City	State	Zip Code
Raleigh	NC	27602

Purpose of Disbursement
Contribution

Candidate Name

DAVID EUGENE PRICEOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93937

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DCCC BUILDING FUNDMailing Address 430 South Capitol Street SE
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93928

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

19500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 991 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DENNY HECK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 235

City	State	Zip Code
Olympia	WA	98507

Transaction ID : SB23.93938Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

DENNIS HECKCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 10

2500.00

Full Name (Last, First, Middle Initial)

B. DOGETT FOR U.S. CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 5843

City	State	Zip Code
Austin	TX	78763

Transaction ID : SB23.93939Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

LLOYD DOGETTCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 35

2500.00

Full Name (Last, First, Middle Initial)

C. DONALD M. PAYNE JR. FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 2406

City	State	Zip Code
Newark	NJ	07114

Transaction ID : SB23.93940Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

DONALD M., JR. PAYNECategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 10

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 992 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DOYLE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address 205 Hawthorne Court

Transaction ID : SB23.93941

City	State	Zip Code
Pittsburgh	PA	15221

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/ Type

1000.00

Candidate Name

MIKE DOYLE

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 14

Full Name (Last, First, Middle Initial)

B. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 231

Transaction ID : SB23.93942

City	State	Zip Code
Timonium	MD	21094

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/ Type

2500.00

Candidate Name

DUTCH RUPPERSBERGER

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 02

Full Name (Last, First, Middle Initial)

C. FREDERICA S. WILSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address 19821 NW 2nd Avenue
Box 354**Transaction ID : SB23.93943**

City	State	Zip Code
Miami Gardens	FL	33169

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/ Type

500.00

Candidate Name

FREDERICA S. WILSON

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 24

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 993 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BRENDAN BOYLE

Mailing Address 518 Burgess Street

City	State	Zip Code
Philadelphia	PA	19116

Purpose of Disbursement
Contribution - void check from prior report

Candidate Name

BRENDAN F BOYLE

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 13

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Primary Debt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94320

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CORRINE BROWN

Mailing Address P.O. Box 40087

City	State	Zip Code
Jacksonville	FL	32203

Purpose of Disbursement
Contribution

Candidate Name

CORRINE BROWN

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93944

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAN KILDEE

Mailing Address P.O. Box 248

City	State	Zip Code
Flint	MI	48501

Purpose of Disbursement
Contribution

Candidate Name

DANIEL T KILDEE

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93945

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 994 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MAGGIE HASSAN

Mailing Address P.O. Box 1464

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement
Contribution

011

Candidate Name

MARGARET HASSANCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SB23.94289

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAGGIE HASSAN

Mailing Address P.O. Box 1464

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement
Contribution

011

Candidate Name

MARGARET HASSANCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SB23.94292

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAUROMailing Address 129 Church Street
Suite 818

City	State	Zip Code
New Haven	CT	06510

Purpose of Disbursement
Contribution

011

Candidate Name

ROSA L DELAUROCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93946

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 995 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GALLEGO FOR ARIZONA

Mailing Address P.O. Box 1710

City	State	Zip Code
Phoenix	AZ	85001

Purpose of Disbursement
Contribution

Candidate Name

RUBEN GALLEGOOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93947

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address P.O. Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
Contribution

Candidate Name

GENE GREENOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94331

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HALL FOR CONGRESS

Mailing Address 4225 Myrtle Avenue

City	State	Zip Code
Long Beach	CA	90807

Purpose of Disbursement
Contribution

Candidate Name

ISADORE III HALLOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 44

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93948

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

1500.00

Category/
Type

Three digital displays showing the date 10/14/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '14' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

Category/
Type

State: GA District: 05

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 997 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JUDY CHU FOR CONGRESSMailing Address 6380 Wilshire Blvd.
#1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contribution

Candidate Name

JUDY CHUOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93950

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KAPTUR FOR CONGRESS

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement
Contribution

Candidate Name

MARCY C HON. KAPTUROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93951

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 712 35th Avenue

City Seattle State WA Zip Code 98122

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SB23.93922

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 998 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARK DESAULNIER FOR CONGRESS

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement
Contribution

011

Candidate Name

MARK DESAULNIEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93952

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MARK TAKANO FOR CONGRESS

Mailing Address 728 W. Edna Place

City	State	Zip Code
Covina	CA	91722

Purpose of Disbursement
Contribution

011

Candidate Name

MARK TAKANOOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93953

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARTIN HEINRICH FOR SENATE

Mailing Address P.O. Box 25763

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement
Contribution

011

Candidate Name

MARTIN TREVOR HEINRICHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94325

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 999 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MARYLAND DEMOCRATIC PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Mailing Address 33 West Street
Suite 200

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

PAC

Transaction ID : SB23.94324

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type**DORIS MATSUI**Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 06

Transaction ID : SB23.93954

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type**JERRY MCNERNEY**Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

Transaction ID : SB23.94334

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1000 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MINNESOTA DFL PARTY

Mailing Address 255 East Plato Blvd.

City	State	Zip Code
Saint Paul	MN	55107

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SB23.94288

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NORMA TORRES FOR CONGRESS

Mailing Address 728 W Edna Place

City	State	Zip Code
Covina	CA	91722

Purpose of Disbursement
Contribution

Candidate Name

NORMA TORRES

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 35

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93955

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address P.O. Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

FRANK JR PALLONE

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94335

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1001 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

WILLIAM J JR PASCRELLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93956

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PAUL TONKO FOR CONGRESSMailing Address 911 Central Avenue
#221

City Albany	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

PAUL DAVID TONKOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93957

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Mailing Address P.O. Box 31129

City Santa Fe	State NM	Zip Code 87594
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

BEN R MR. LUJANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93958

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1002 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PETE AGUILAR FOR CONGRESS

Mailing Address P.O. Box 10954

City	State	Zip Code
San Bernardino	CA	92423

Purpose of Disbursement
Contribution

011

Candidate Name

PETE AGUILARCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93959

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PROGRESSIVE ACTION PAC

Mailing Address 228 2nd Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93923

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PROMISE PACMailing Address 413 New Jersey Avenue SE
Basement Level

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

Transaction ID : SB23.93924

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1003 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ROYBAL-ALLARD FOR CONGRESS

Mailing Address 6 E Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

LUCILLE ROYBAL-ALLARDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94336

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. SANFORD BISHOP FOR CONGRESS

Mailing Address P.O. Box 909

City	State	Zip Code
Columbus	GA	31902

Purpose of Disbursement
Contribution

011

Candidate Name

SANFORD D JR BISHOPCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93960

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SANTARSIERO FOR CONGRESS

Mailing Address P.O. Box 249

City	State	Zip Code
Newtown	PA	18940

Purpose of Disbursement
Contribution

011

Candidate Name

STEVEN J SANTARSIEROCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93969

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1004 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHEILA JACKSON-LEE FOR CONGRESS

Mailing Address 4412 Alameda Road

City	State	Zip Code
Houston	TX	77004

Purpose of Disbursement
Contribution

011

Candidate Name

SHEILA JACKSON-LEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93965

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. SHERMAN FOR CONGRESSMailing Address 777 S. Figueroa Street
Suite 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement
Contribution

011

Candidate Name

BRAD SHERMANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94337

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SIRES FOR CONGRESSMailing Address 6050 Blvd. East
Apt. 6B

City	State	Zip Code
West New York	NJ	07093

Purpose of Disbursement
Contribution

011

Candidate Name

ALBIO SIRESCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SB23.93961

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1005 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THE COMMITTEE TO RE-ELECT CONGRESSMAN HANK JOHNSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address 4153 Flat Shoals Parkway
Suite E 322, Building C, 2nd Fl.

City	State	Zip Code
Decatur	GA	30034

Transaction ID : SB23.93962Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

HENRY C 'HANK' JR JOHNSONCategory/
Type

1500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 04

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address 3700 Wilshire Blvd.
Suite 1050-B

City	State	Zip Code
Los Angeles	CA	90010

Transaction ID : SB23.93963Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

TONY CARDENASCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Full Name (Last, First, Middle Initial)

C. TULSI FOR HAWAII

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Mailing Address P.O. Box 75561

City	State	Zip Code
Kapolei	HI	96707

Transaction ID : SB23.93964Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

TULSI GABBARDCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1006 OF 1006

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. YARMUTH FOR CONGRESS

Mailing Address 1815 Brownsboro Road

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement
Contribution

Candidate Name

JOHN A MR YARMUTH

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: KY District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : SB23.94338

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

131036.45
